

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mary E. Abbott

CERTIFICATE OF DEATH

MARYLAND

Town	Orange Villa			County		
Died at	Month	Day	Age	Years	Months	Days
Date of death 190	3	10	20	33.		
Sex	Female	Color or Race	White	Occupation	Birth-place	Med.
Married, Single or Widowed	Married	Housewife			Father's Birthplace	—
Name of Wife or Husband	Charles Harbig			Mother's Birthplace	Med.	.
Father's Name	Jno. Townsend.			How related to deceased
Mother's Maiden Name	Louise Borse					
Name of person giving information	Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease of kidney 3 weeks	
Immediate	Anæmic Poison	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	—	

A. Warner
1120 Highland ave



Name
in
Full

Mary Elizabeth Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month October	Day 11	Years 28	Months 5	Days 10
Sex Female	Color or Race White	Birth-place Baltimore			
Married, Single or Widowed Married	Occupation				
Name of Wife or Husband Alvin P. Adams	Father's Name John R. King	Father's Birthplace Hagerstown Md			
Mother's Maiden Name Annie M. Snyder	Mother's Birthplace Baltimore	How related to deceased Husband			
Name of person giving information Alvin P. Adams					

CAUSES OF DEATH

Primary Cause	Pulmonary Tuberculosis	How long	3 years.
Immediate Cause	Same	How long	—

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Alvarez Guebler
806 Cathedral St.

Accident or Suicide?

No

D. H. Warren Buckler

#806 Cathedral St,

Baltimore, Md.

Place of Burial

Loudon Park

Funeral Tuesday Oct 13th 1903 P.M.

Name
in
Full

August D. Albrecht

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month Oct.	Day 8	Years 5	Months 4	Days 4
Sex Male	Color or Race White	Birth-place Baltimore Co Md.			
Married, Single or Widowed Single	Occupation None				
Name of Wife or Husband					
Father's Name Stephen Albrecht	Father's Birthplace Germany				
Mother's Maiden Name Margaret Koerner	Mother's Birthplace Baltimore Md.				
Name of person giving information John G. Albrecht	How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis Pneumonia

How long one week

Immediate

Collapse

How long a day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. W. Schaeffer M.D.
1013 Canton St.

Accident or Suicide?

Sacred Heart Cemetery

Oct. 11th 1903

Germans Frane

Undertaker

Name
in
Full

Frederick Altvater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Canton		County	Baltimore.					
Date of death 1903	Month	Oct	Day	21	Years	1	Months	6	Days	10
Sex	Male	Color or Race	White	Birth-place	Baltimore	Maryland				
Married, Single or Widowed	Single		Occupation	None						
Name of Wife or Husband	Joseph Altvater			Father's Birthplace	Baltimore					
Father's Name				Mother's Birthplace	D. a					
Mother's Maiden Name	Elizabeth Gape			How related to deceased	Father					
Name of person giving Information	Joseph Altvater			105						

CAUSES OF DEATH

Primary	Cholera Infantum	How long	4 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. Warner
		Address	1120 Highland
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Ellen Elizabeth Ayres

70
CERTIFICATE OF DEATH

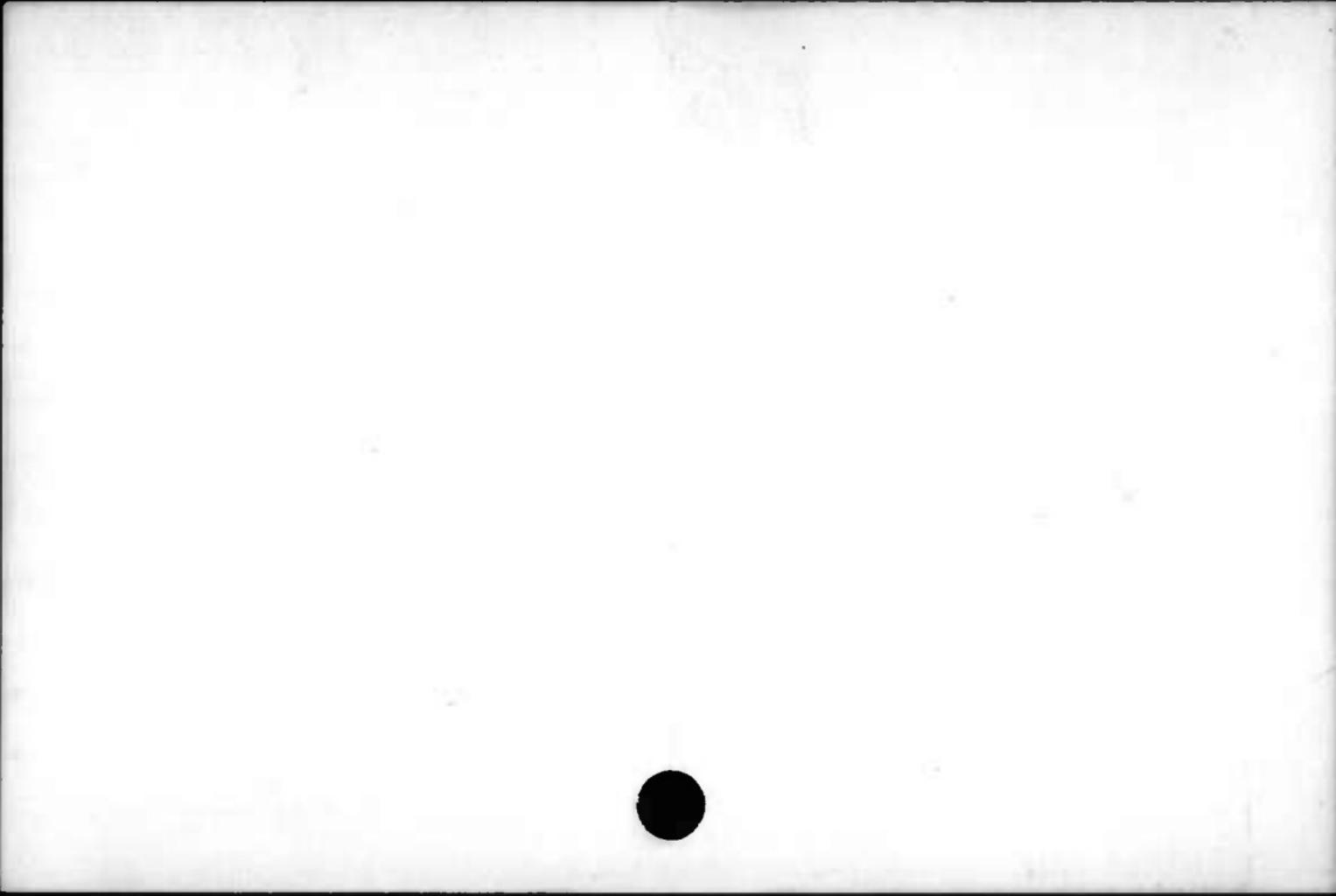
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	Oct.	8	Age	+	
Sex	Color or Race	White	Birth-place	Glen Arm Md.	
Female			Glen Arm Md.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm Ayres	Father's Birthplace	Harford Co. Md.		
Mother's Maiden Name	Lena Mcsee	Mother's Birthplace	"	"	"
Name of person giving information	Wm Ayres	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	2 months
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.W. Shew
		Address	Sitting Md.
Accident or Suicide?			



Name In Full

Certificate of Death

Sophia Babikow

Town

County

Died at

Rossville

Baltimore

MARYLAND

Date 1903

Oct 16

Y.

M.

D.

Native of

Md.

Occupation

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wm A Babikow 35

Wife

Mother's

Father's

Maiden Name

Name

How long sick

Cause of

Primary

Interval hemorrhage

Death

Immediate

following child birth

Accident, Suicide, Homicide

Reported by

Coroner in w.

Rossville Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth A Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Lawnsville	Baltimore Co			
Date of death	Month	Day	Years	Months	Days
1903	Oct	30	Age 70		
Sex	Female	Color or Race	white	Birth-place	Maryland
Married, Single or Widowed	married	Occupation	Housewife		
Name of Wife or Husband					
Father's Name	Mr	Henry	154	Father's Birthplace	Maryland
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Sydney Brown			How related to deceased	Son-in-law
CAUSES OF DEATH					
Primary	old age	How long	Two months		
Immediate		How long			

PHYSICIAN
OR CORONER

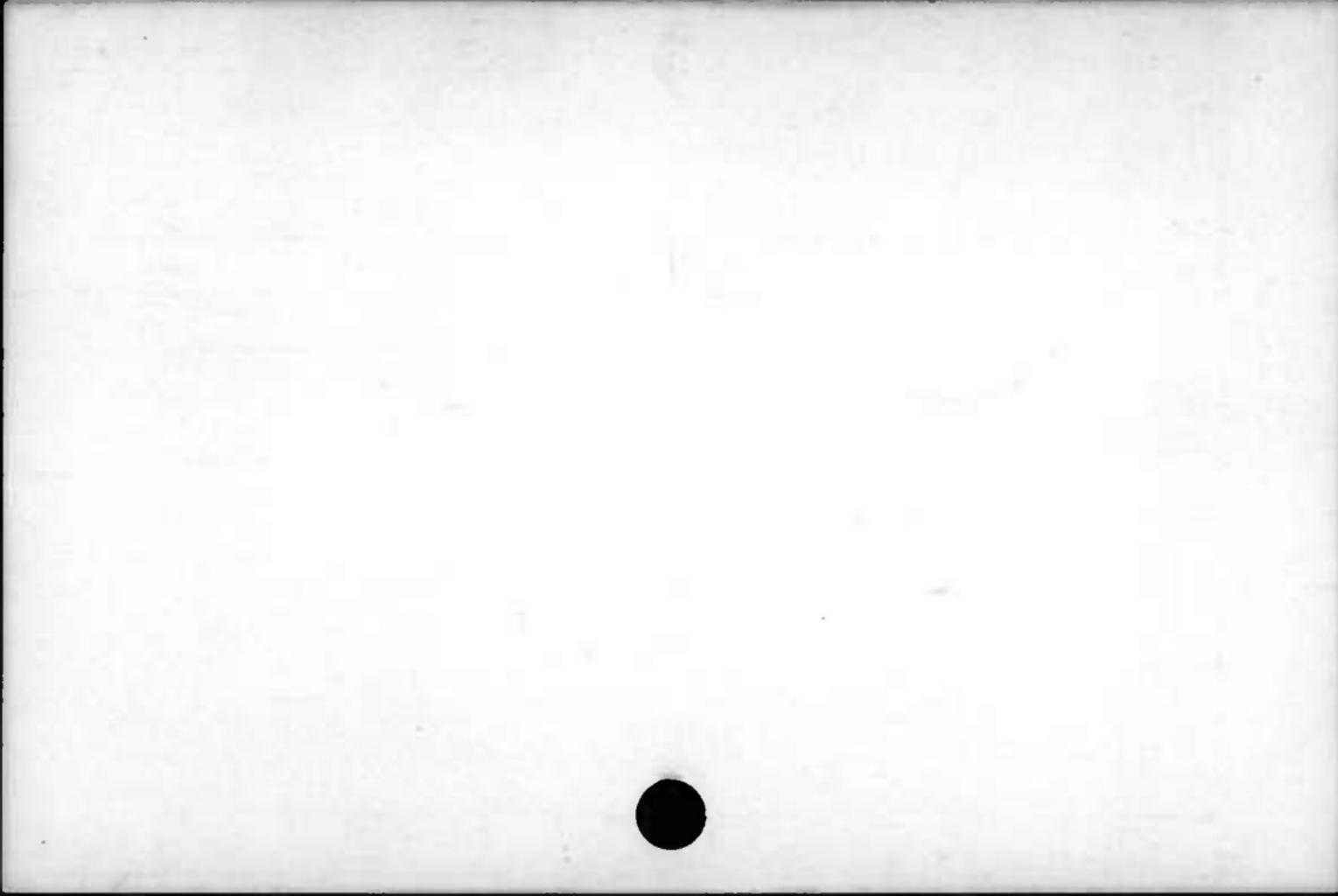
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A young Westbrook
297 Grosvenor Ave
Baltimore Md.

Accident or Suicide?



Name
in
Full

John T. Baldwin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
o	Oct.	27	-	8	24
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed	White	Nurse	Springs Point		
Name of Wife or Husband					
Father's Name	Benjamin W. Baldwin		Father's Birthplace	Baltimore.	
Mother's Maiden Name	Mary Hopkins	79	Mother's Birthplace	Baltimore.	
Name of person giving information	Benjamin W. Baldwin		How related to deceased	Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Murderous

How long

3 months.

Immediate

Murderous.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

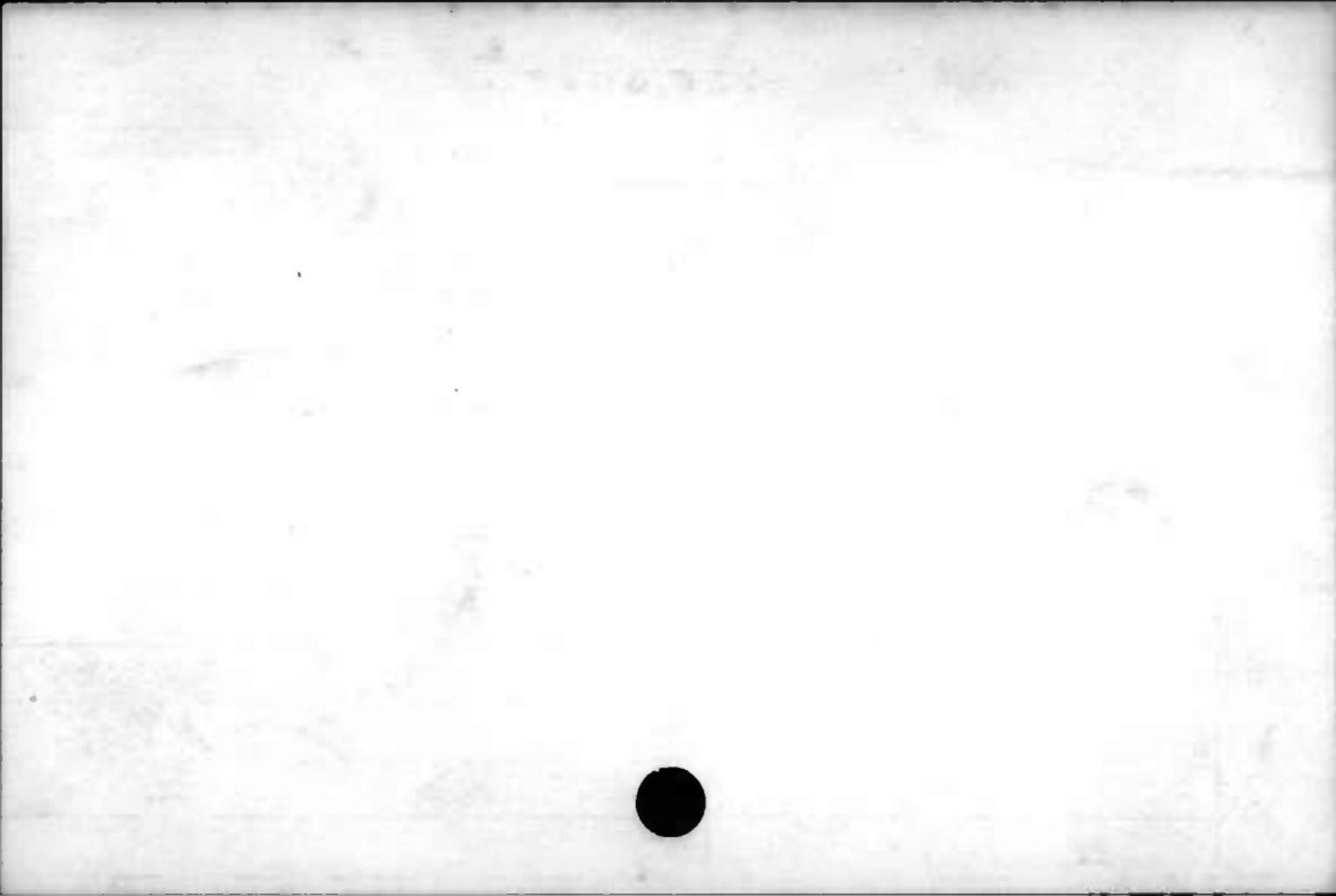
Signature of Physician

Address

J. C. Eddick, M.D.

Springs Point

Accident or Suicide?



Name
in
Full

John Herman Bark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Boswell	Barto Co		Months	Days	
Date of death 1903	Month Oct	Day 6	Years -	Months	Days 5 days
Sex Male	Color or Race White	Occupation	Birth-place Md		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Herman Bark		Father's Birthplace		
Mother's Maiden Name	Louis Weinrich		Mother's Birthplace	Roswell	
Name of person giving Information	Husy Weinrich		How related to deceased	Grand Father	Md

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Eclampsia

How long

2 day

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

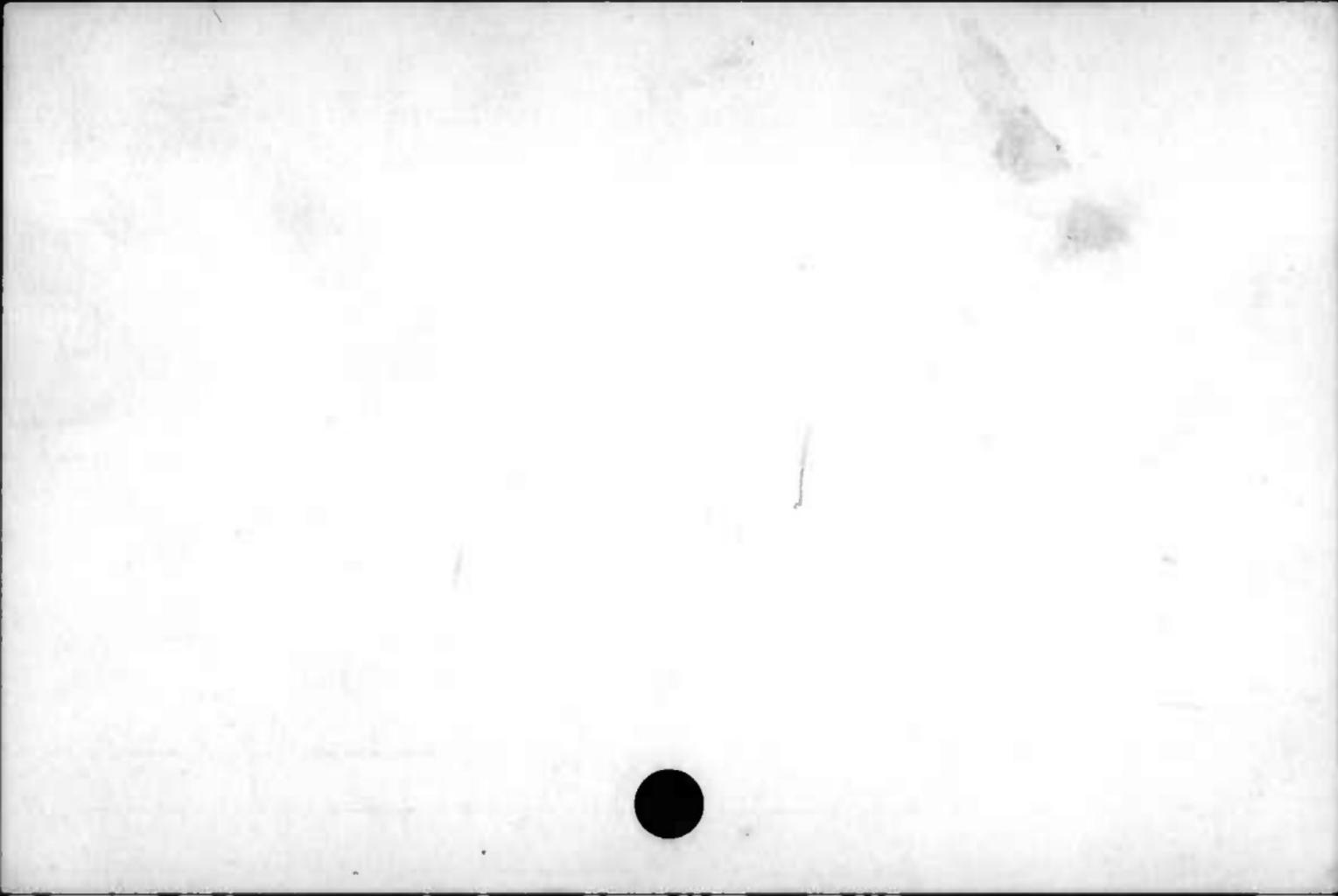
Signature of Physician



Address

G. W. Moore
Roswell Md

Accident Suicide?



Name
in
Full

Barnes, Martha H.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed	Married	None	Maryland.		
Name of Wife or Husband	X				
Father's Name	X		Father's Birthplace	X	
Mother's Maiden Name	X		Mother's Birthplace	X	
Name of person giving information	X	79.	How related to deceased	X	

CAUSES OF DEATH

Primary	Paranoia	How long	2 years.
Immediate	Valvular Disease of Heart	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. E. Barnes
		Address	Lealansville, Md.
Accident or Suicide?	NO		



John Jacob Bassler

Town

Glenelg

County

Baltimore

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

10 14

70 1

Native of

Germany

Occupation

Gardener

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3.

Husband of

Wife

Father's Name

Mother's

Caroline Stricker

Cause of

Primary

Rheumatism & senility

How long sick

18 months

Death

Immediate

Paralysis - died in coma.

Accident, Suicide, Homicide

Reported by

Wilmer C. Ensor M.D.

Address

Lickeyville Md.

Must be signed by physician, if any in attendance, otherwise by owner, undertaker or minister.

Cemetery
Sherwood Oct 16

Name
in
Full

Bates, Margaret

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Oct	Day 22	Years 46
Sex Female	Color or Race white	Birth-place Maryland	Months Days
Occupation None	Where Residing if not at place of death		
Married, Single or Widowed wedded	Name of Wife or Husband X		
Father's Name X		Father's Birthplace X	
Mother's Maiden Name X		Mother's Birthplace X	
Name of person giving information X		How related to deceased X	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Splenectomy
Pulmonary Tuberculosis

How long

17 yrs

Immediate

How long

3 yrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Gray Nude
Galenasville, Md.

Accident or Suicide?

No

1000

1000

1000

1000

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Name
in
Full

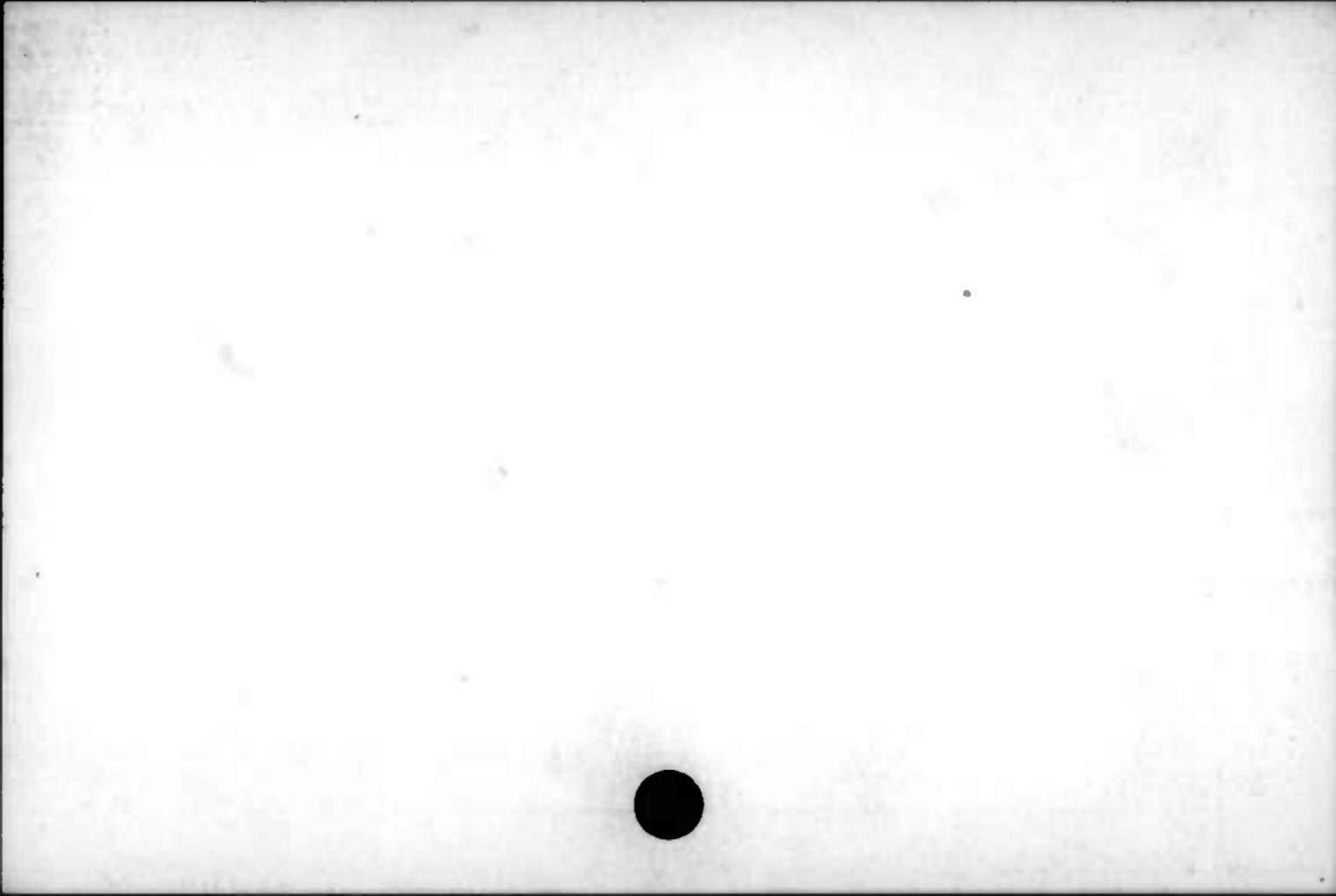
To BE ANSWERED BY
NEAREST FRIEND

John Baxter				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death 190	Month 3 Oct	Day 25	Years Age 69	Months	Days		
Sex male	Color or Race white	Birth- place Delaware					
Married, Single or Widowed Married	Occupation Gardner						
Name of Wife or Husband Solome Baxter							
Father's Name Andrew Baxter			Father's Birthplace				
Mother's Maiden Name _____			Mother's Birthplace				
Name of person giving Information Mrs G Baxter			How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long six months
Immediate Heart failure -	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. J. Habb M.D.
	Address Randallstown
Accident or Suicide?	Balt Co -



Name
in
Full

Susan R Baylies

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Oct	Day 26	Age 73	Months 9 mos	Days 13
Sex Female	Color or Race white	Birth place			
Married, Single or Widowed Married	Occupation Stew				
Name of Wife or Husband					
Father's Name	64				
Mother's Maiden Name					
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cause of Death		How long
	Apoplexy	As chronic a		one week
Immediate			How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John W Harrison - MD	
		Address	Dentist Office Middle River Md.	
Accident or Suicide?		H.S.		



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Henry Beck						
Died at	Higlandtown	Town	Balto	County		
Date of death 1903	Oct	Month	26	Day	Years	Months
Sex	Male	Color or Race	White	Age	—	Days
Married, Single or Widowed	Single	Occupation	None	Birth-place	Balto Co	
Name of Wife or Husband				Father's Birthplace	Balto City	
Father's Name	Henry Beck			Mother's Birthplace	"	
Mother's Maiden Name	Sophia Beck			How related to deceased		
Name of person giving Information	3418 E. Balto St					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

Immediate

Sedentary of brain lungs

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Albertus Collie
1828 E. Balto St.

Accident or Suicide?

~~Mount~~ Carmel

Oct 27th 1903

P Nicolaus & Son
1820 Canton Ave

Name in Full:

Certificate of Death

Norman Claude Benson

Died at ^{Tow}
Highland ^{County} · Baltimore · MARYLAND

Date 1893 Month Day Y. M. D. Native of Occupation

Male White Married Widower Divorced

Fannie Colored Single Widower Widower Number of children living 2

Husband of Wife Father's Name

Margie S. Benson Mother's Name

Name Benson

Cause of Death Primary Still Born How long sick

Death Immediate Accident, Suicide, Homicide

Reported by Caroline · Betz

Address 315 Somerlad St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Leicard Beesold
Rossville, Md.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex	Color or Race	Age	83
Married, Single or Widowed	Occupation	Birth-place	Germany
Name of Wife or Husband			
Father's Name	Germany		
Mother's Maiden Name	Germany		
Name of person giving information	How related to deceased		

3 Oct 10 - 6

Male white

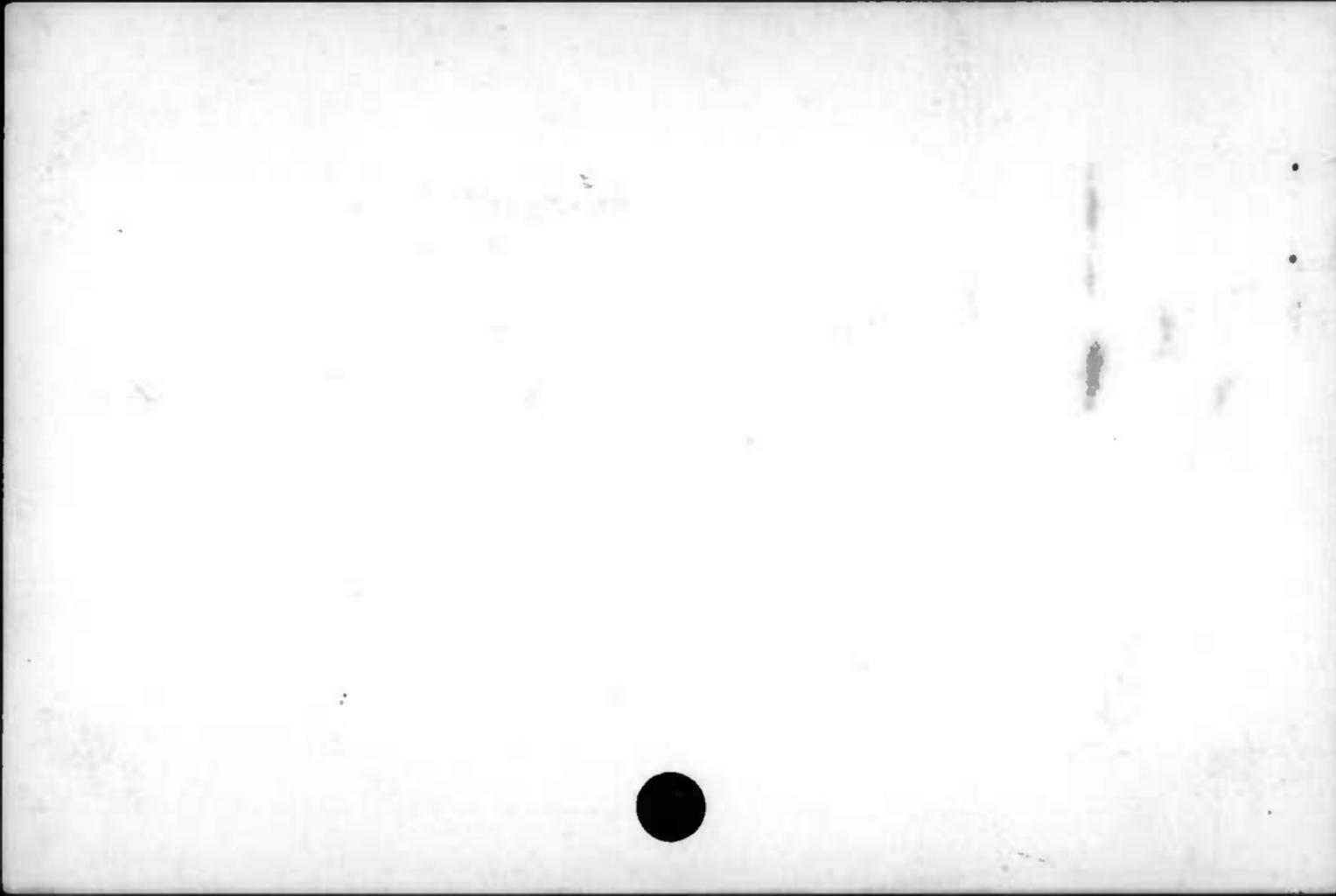
Widower Farmer

Matte Beesold Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart disease	How long	9 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L.V. Mace
		Address	Rossville Md
Accident or Suicide?			



Name
in
Full

Henry Bittiger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	Prince	MARYLAND
Date of death 1903	Month October	Day 8	Years 38	Months	Days
Sex	Golson Rosen			Birth-place	
Married, Single or Widowed	Occupation			A	
Name of Wife or Husband				B	
Father's Name				C	
Mother's Maiden Name				D	
Name of person giving information	James Herter			E	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Struck by truck	How long	8 08080
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address	Middle River	
Accident or Suicide?	Accident Wm J. Jenkins		



Name
in
Full

Harry Lee Blasely

65

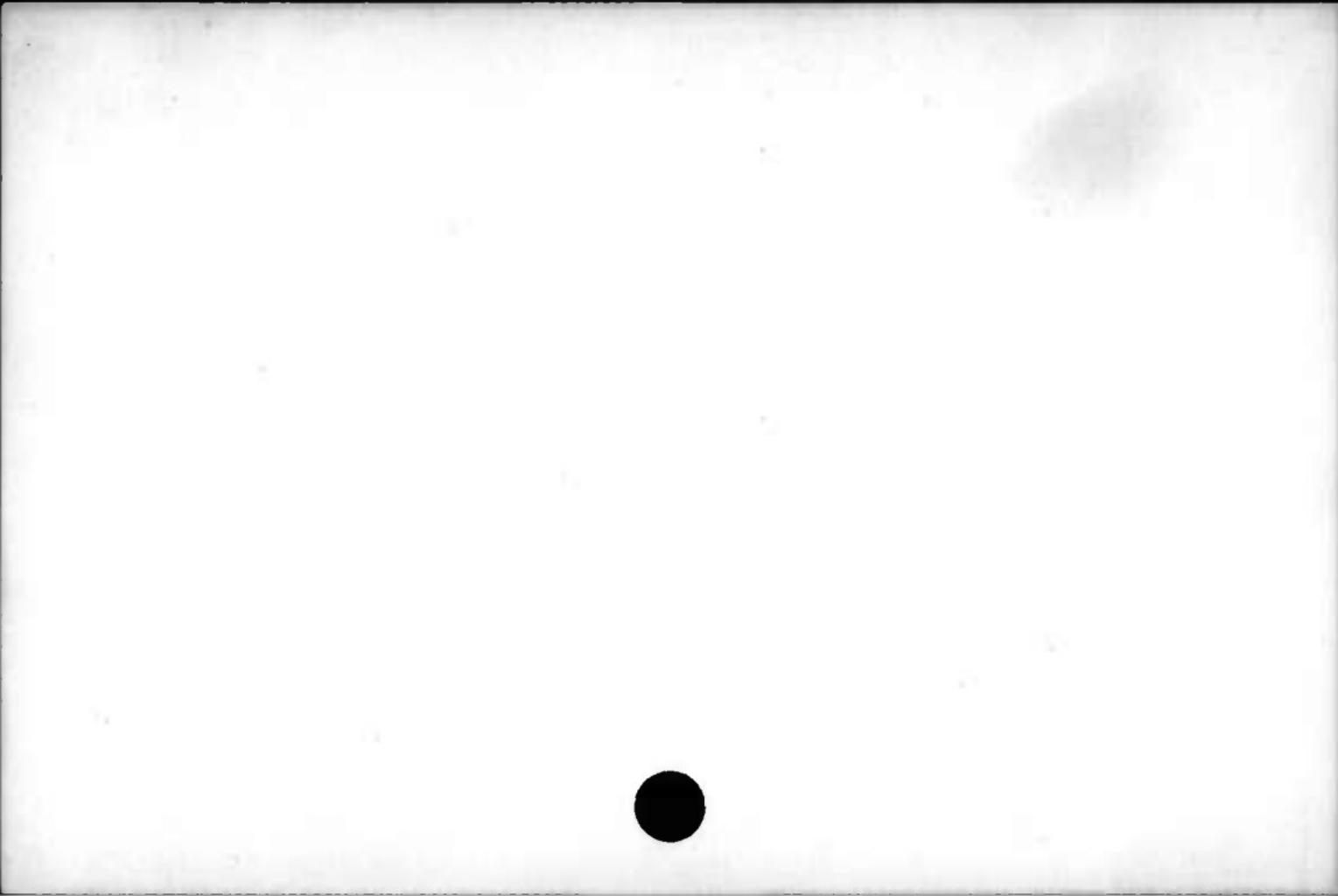
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1903	Oct.	4	2 5 th
Sex	Age	Color or Race	Birth-place
Male	4	white	Fork Md
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	✓	
Father's Name	not known	Father's Birthplace	✓
Mother's Maiden Name	Elizabeth Blasely	Mother's Birthplace	Fork Md
Name of person giving information	Richard Blasely	How related to deceased	Grandfather

CAUSES OF DEATH

Primary	cholera infantum	How long	2 weeks
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. F. & Gorsuch
		Address	Fork Md -
Accident or Suicide?			



Died at

Town
White Hall

County

Baltimore

MARYLAND

Date 1903

Month Day
10 30

Age 85 9 10

Native of
Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Mary Bosley

74

Father's Name

James Bosley

Mother's

Hannah Hughes

Cause of Death

Primary

Aphasia

How long sick

Death

Immediate

Anasarca

Accident, Suicide, Homicide

Reported by

J.T. Payne M.D.

Address

Chestertown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Adeline Pratt Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1908	Month October	Years 58	Months Nine	Days three
Sex Female	Color or Race White	Occupation	Birth-place Prince George's Co. Md.	
Married, Single or Widowed Widow				
Name of Wife or Husband Josiah Shier Bowen M.D.				
Father's Name Truman Bell	Father's Birthplace Prince George's Co. Md.			
Mother's Maiden Name Elizabeth Ann Ross X	Mother's Birthplace Prince George's Co. Md.			
Name of person giving information Mrs. Harriet Ross Bell.	How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Liver & Right Lung		How long about 15 min.
Immediate	Asthenia		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	William J. Edwards Mt Washington Md.
Accident or Suicide?			

A S Marshall
Greenwood Cemetery
Oct 28 - 3

Name
in
Full

Elizabeth Bright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Port Washington	Balt			
Date of death	Month	Day	Years	Months	Days
1903	10	30	54		
Sex	Female	Color or Race	White	Birth-place	Ind.
Married, Single or Widowed	Single	Occupation	Home		
Name of Wife or Husband					
Father's Name	Richard Bright			Father's Birthplace	England
Mother's Maiden Name	Bertie Peacock	40		Mother's Birthplace	Ind
Name of person giving Information	Lucy Bright			How related to deceased	Niece

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Darminoma - Gastric	How long	6 moe
Immediate	Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Elle Beeton
yes		Address	Port Washington Ind
Accident or Suicide?			

Arlington

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Annie D. Brodie

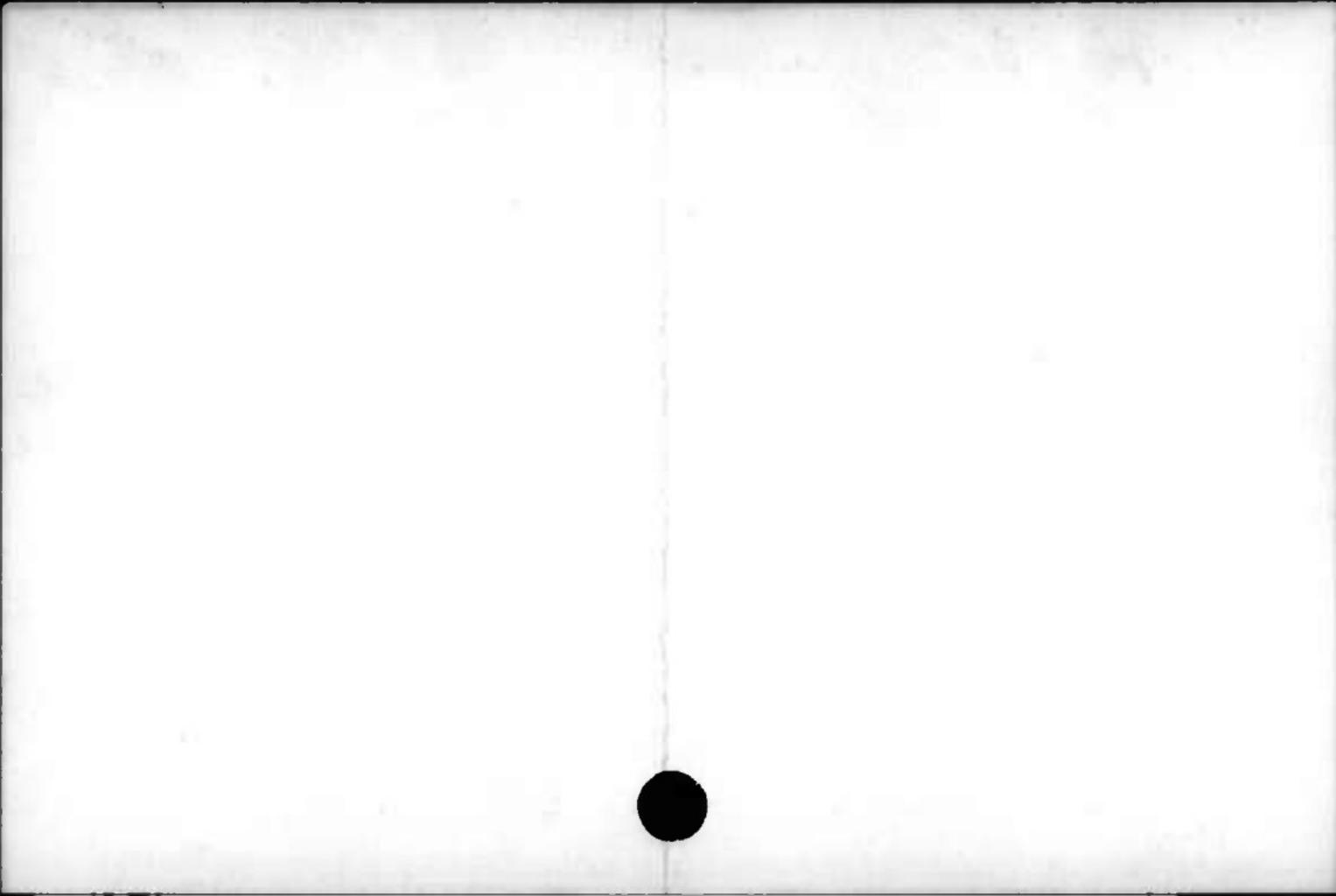
75
CERTIFICATE OF DEATH

Died at <u>Upper Falls</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>October</u>	Day <u>28th</u>	Years <u>15</u>	Age <u>15</u>	Months <u>9</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>Gowans town</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Alexander Brodie</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Ella Brodie</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Joshua Hammond</u>	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diabetes</u>	How long <u>unknown</u>
Immediate <u>Cong</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E Wallwater</u>
	Address <u>Upper Falls</u>
Accident or Suicide?	<u>md</u>



Name
in
Full

Mary Catherine Brune

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month October	Day 14 th	Years	Months	Days
Sex Female	Color or Race white	Birth-place Baltimore Co Md			
Married, Single or Widowed	Singer	Occupation	None		
Name of Wife or Husband					
Father's Name	Joseph A. Brune 93				
Mother's Maiden Name	Mary J. Kissner				
Name of person giving information	Joseph A. Brune				
CAUSES OF DEATH					
Primary	Pneumonia			How long	2 days
Immediate	cyanosis			How long	—

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. S. A. Glantz
41 Eastern Ave St.

Accident or Suicide?

St. Alphonsus Cemetery

Oct. 15th 1903

Germanus Frane

Undertaker

Name
in
Full

Elizabeth Anne Bull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Baltimore	Baltimore	MARYLAND		
Date of death 1903	Month Oct.	Day 22nd	Age 70	Months 5	Days 22
Sex Female	Color or Race White	Occupation Married	Birth- place 5 District Baltimore		
Married, Single or Widowed					
Name of Wife or Husband Joshua L. Bull					
Father's Name Edward Dawson				Father's Birthplace Pennsylvania	
Mother's Maiden Name Katherine Cullison				Mother's Birthplace Trenton Bucks Co.	
Name of person giving Information Joshua L. Bull				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy

How long

Lived two days

Immediate

Paralytic of brain

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

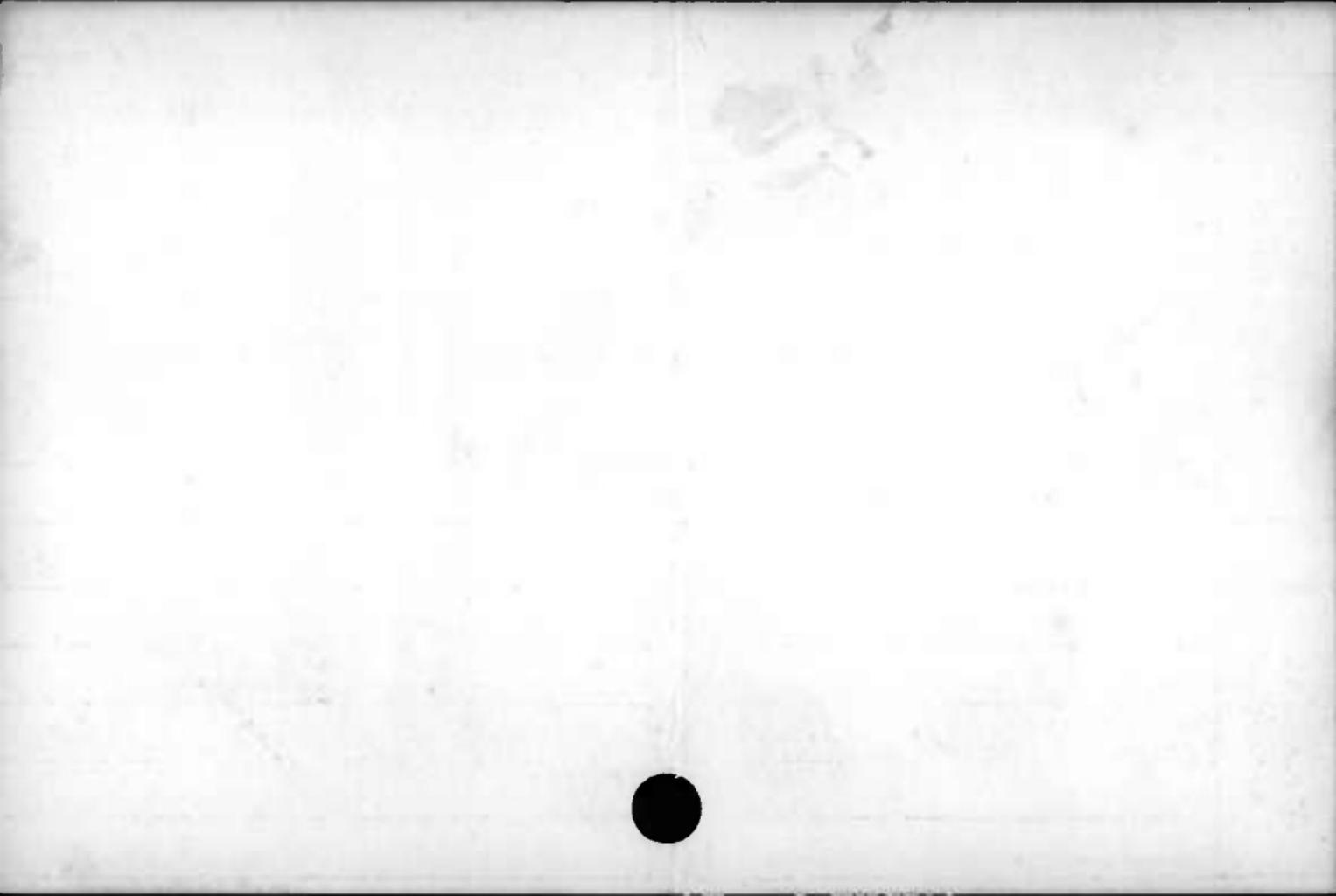
Signature of
Physician

Address

J. B. Morris
Pinecherryville

Accident or Suicide?

No



Name
in
Full

Lawrence Burke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
St. Agnes' Sanitarium, Baltimore		MARYLAND			
Date of death 1903	Month 10	Day 29	Years Age 41	Months	Days
Sex Male	Color or Race White	Occupation Druggist	Birth- place Baltimore		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name					
Mother's Maiden Name					
Name of person giving Information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis
Cystostomy

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. T. Moran M.D.
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

John A. Bush

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County				
Bentley Springs	Balt.					
Date of death 1903	Month 10	Day 18	Age 35	Years	Months 8	Days 12
Sex Male	Color or Race White				Birth-place Penn	
Married, Single or Widowed	Occupation Farmer					
Name of Wife or Husband						
Father's Name	Rudolph Bush.	19				Father's Birthplace Chester Co Pa
Mother's Maiden Name	Annie E. Morrison					Mother's Birthplace Pennsylvania
Name of person giving information	Mother of Deceased.					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardiac dropsy

How long

2 months

Immediate

Heart failure

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

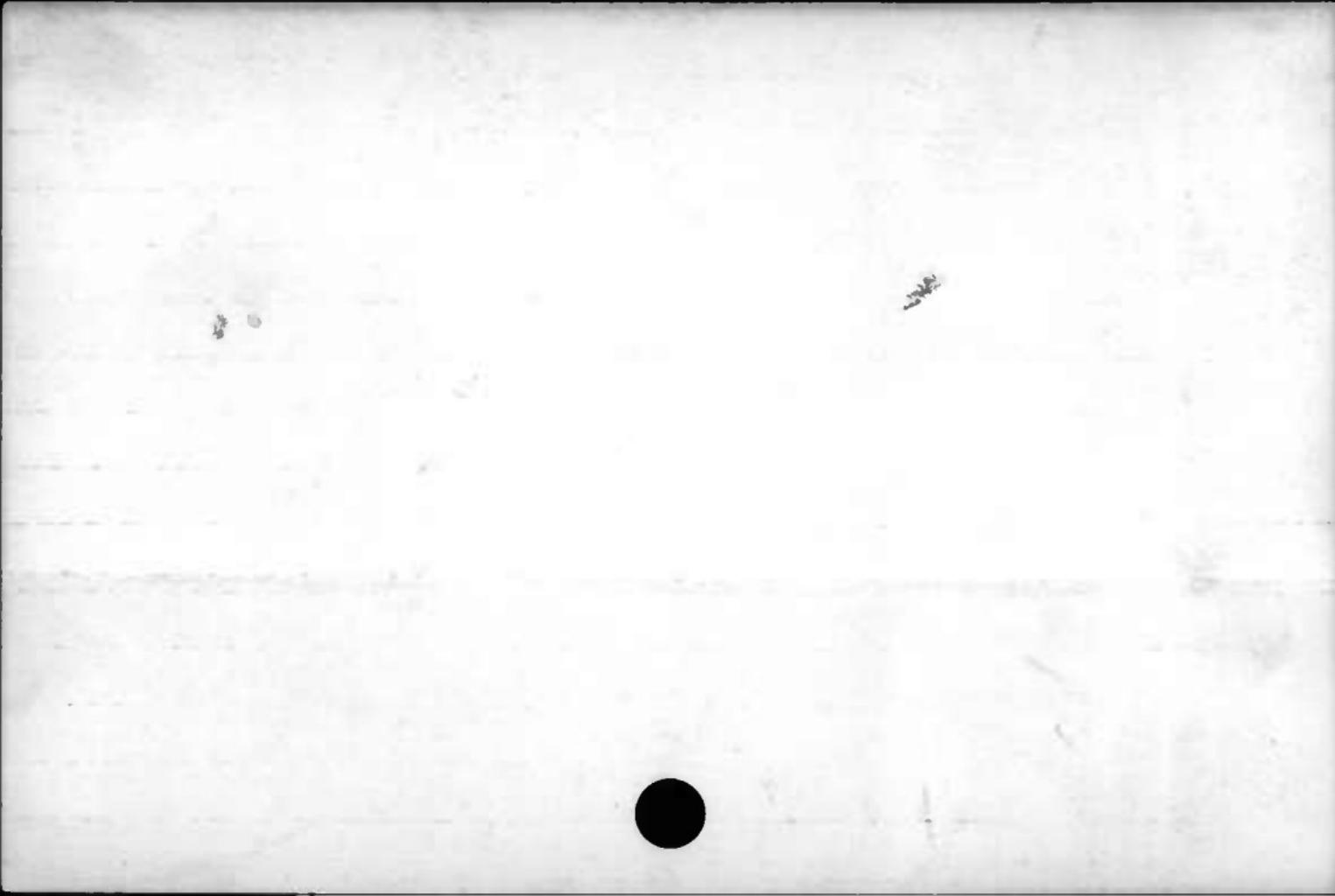
Signature of Physician

JB JB Morris

Address

Parkton
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Bushey

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death 1903	Month Oct	Day 17	Years 77	Months	Days		
Sex Female	Color or Race white	Occupation House wife	Birthplace Penns				
Married, Single or Widowed married							
Name of Wife of Husband Mrs H Bushey							
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						

CAUSES OF DEATH

Primary	a fall, which hurt her hip and strained her vitality	How long
Immediate	Paroxysm	How long

Are the name, age, sex, color, date and place correctly given above?

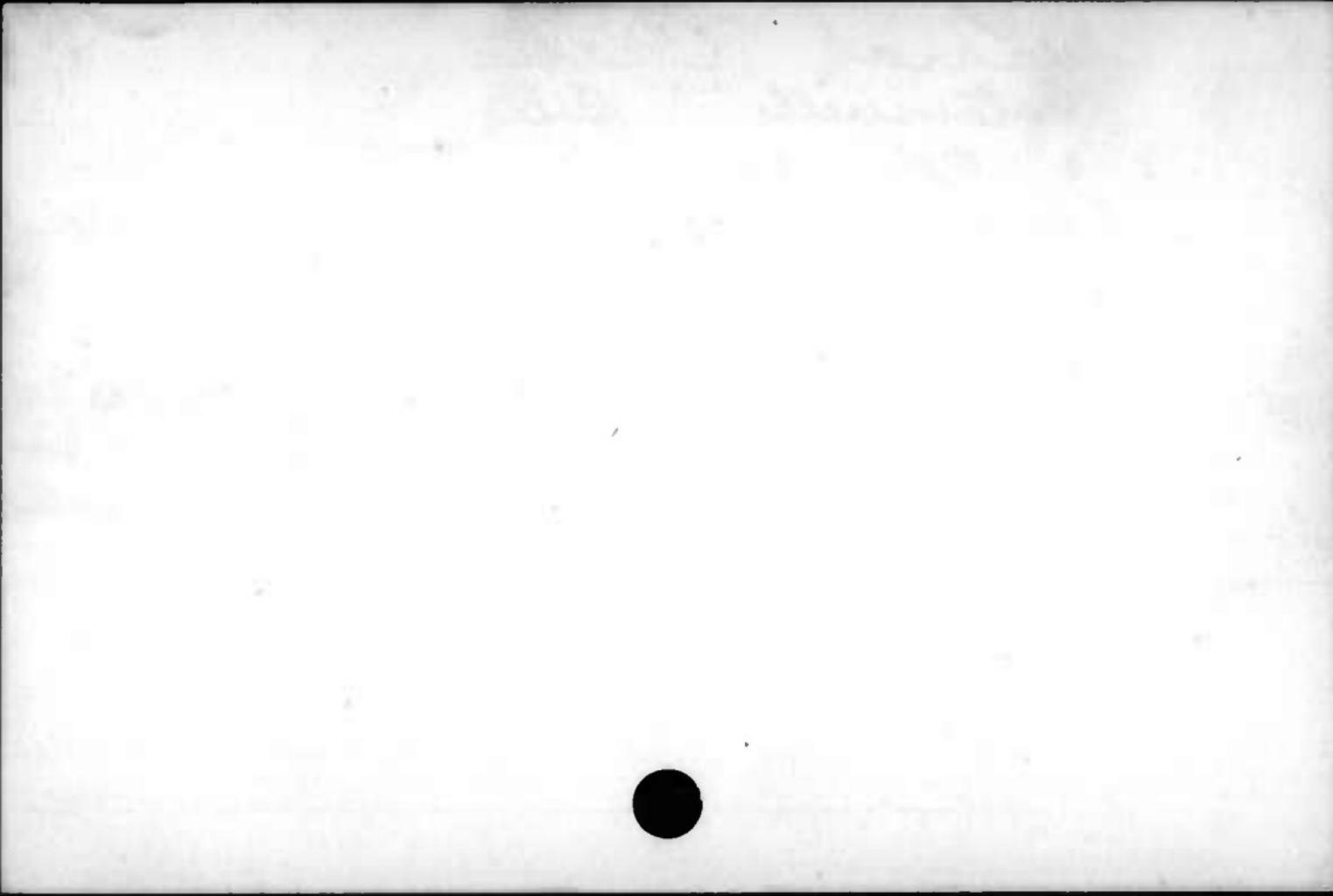
yes

Signature of Physician

Address

Jas. H. Wilson
Towblisburg Md

Accident or Suicide?



Name
in
Full

Mariyah Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1903	Month Oct	Day 24	Years —	Months —	Days —	
Sex Female	Color or Race Colored	Birth-place Catonsville Ind.				
Married, Single or Widowed —	Occupation —					
Name of Wife or Husband —						
Father's Name Isaac Carter	Father's Birthplace Howard Co. Ind.					
Mother's Maiden Name Fannie Strader	Mother's Birthplace Winchester Va.					
Name of person giving information	How related to deceased Grandmother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long —

Immediate How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. E. Stultz M.D.
Catonsville Ind.

Accident or Suicide?



Name
in
Full

William Connally

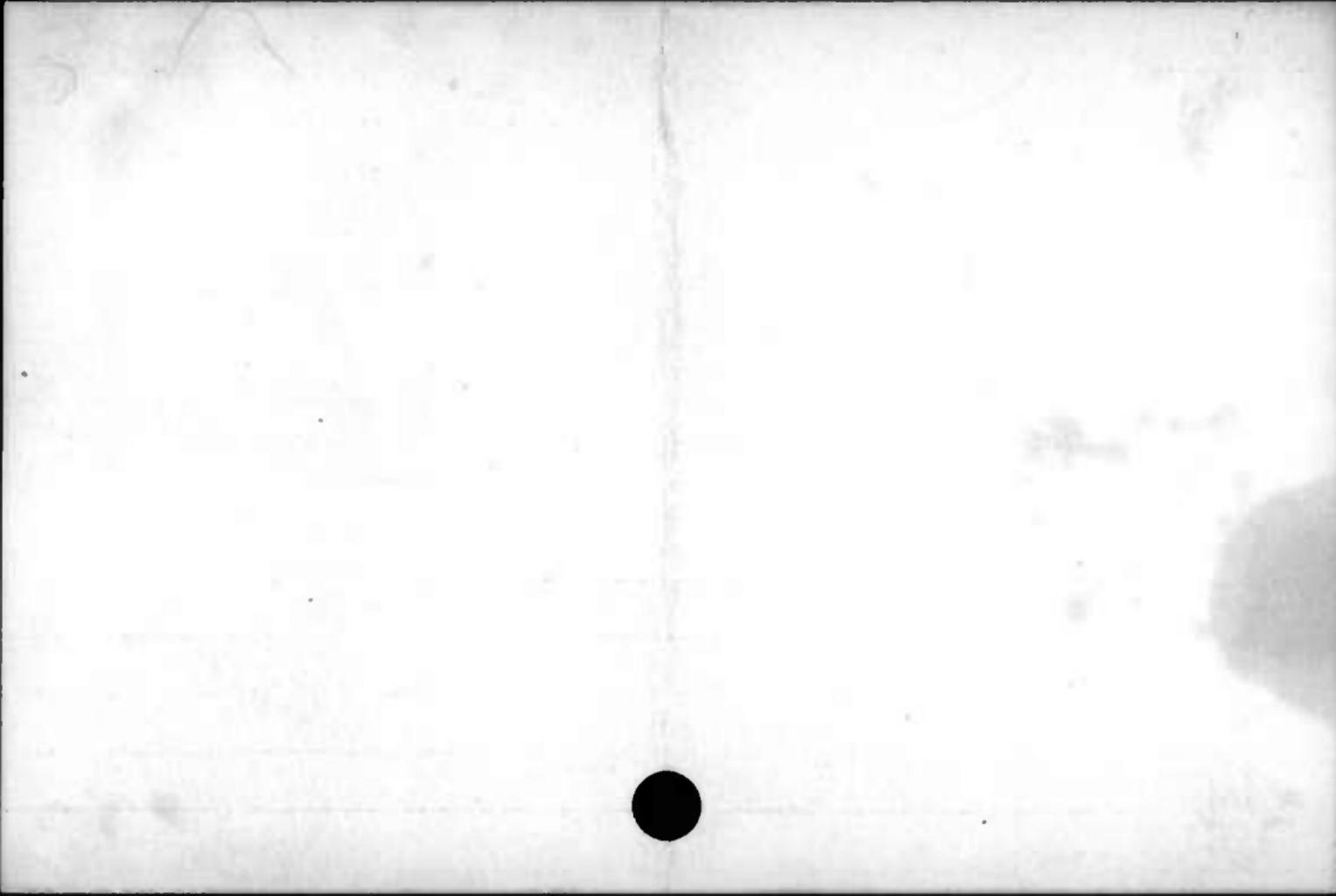
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bona	Baltimore				
Date of death 1903	Month 10	Day 23	Age 29	Years	Months 3
Sex male	Color or Race white	Birth-place Baltimore			Days 12
Married, Single or Widowed	Occupation				
Married	Labored				
Name of Wife or Husband	Mary Connally				
Father's Name	Wm. Connally	19	Father's Birthplace	Harrowd. Ohio	
Mother's Maiden Name	Sarah Merriman		Mother's Birthplace	Baltimore, Md.	
Name of person giving Information	Charles Martin		How related to deceased	Friend	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Heart Disease	How long	2013 years
	Immediate	Heart syncope	How long	Few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A.R. Mitchell,	
		Address	Harrowd. Ohio	
Accident or Suicide?				



Name
in
Full

Charles S. Crenshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town St. Agnes Hosp.	County Balt.	MARYLAND		
Date of death 1908	Month X	Day 1	Years Age 47	Months	Days	
Sex Male	Color or Race White	Occupation Insurance Business	Birth- place Virginia			
Married Single or Widowed						
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

Primary	Bulbar Paralysis	How long
Immediate	Gravitation	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L.W. Frown</i>	

PHYSICIAN
OR CORONER

Address

Accident or Suicide?

1958 Sudur Ave
Baltimore Md

Martin Fahey & Sons

Undertakers

Baltimore Md

Name
in
Full

Elezia Cullen

CERTIFICATE OF DEATH

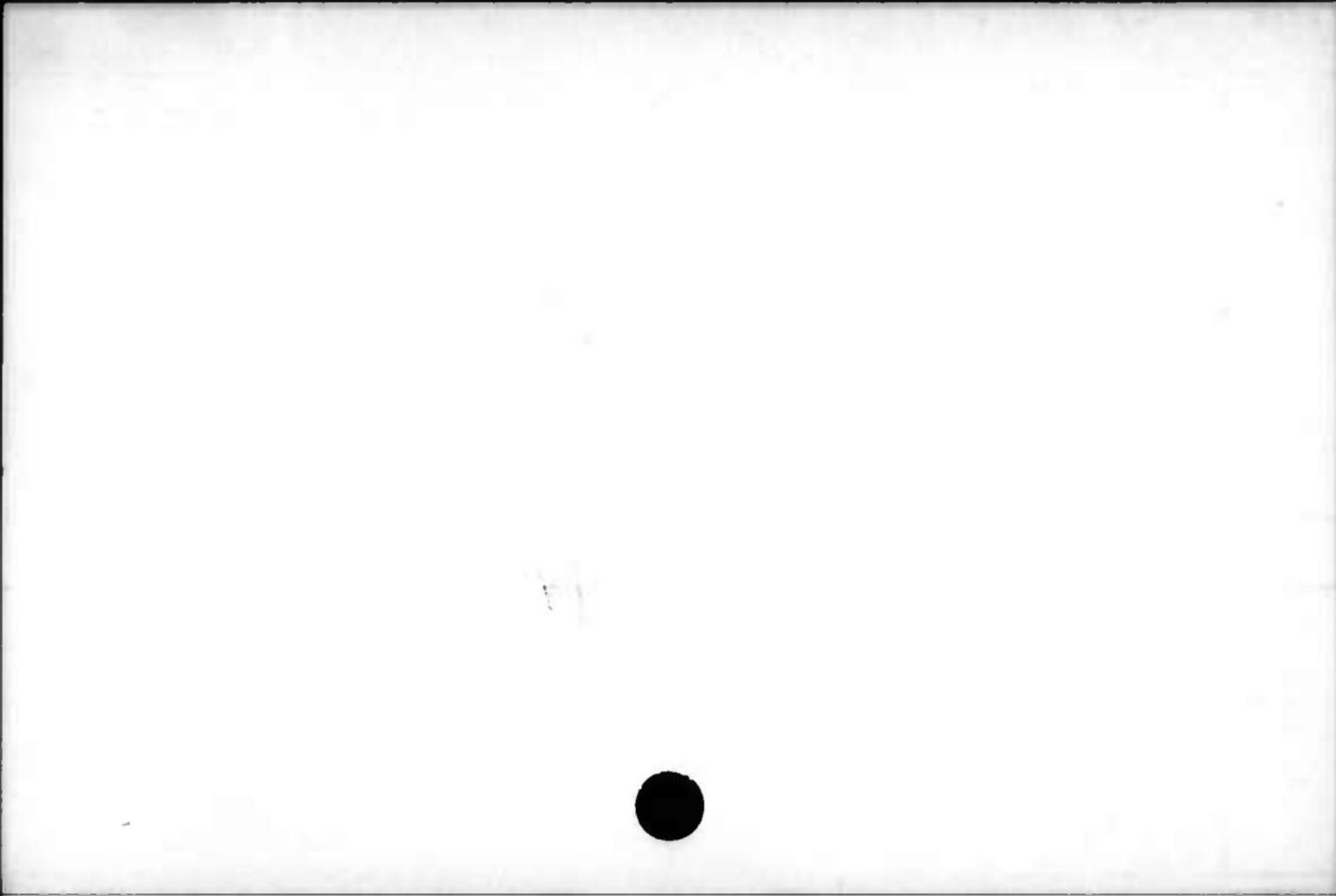
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Ireland
Occupation	None	Where Residing if not at place of death			
Married, Single, or Widowed	Name of Wife or Husband		John Cullen		
Father's Name			6	Father's Birthplace	—
Mother's Maiden Name			6	Mother's Birthplace	—
Name of person giving information	Dennis Reordan			How related to deceased	Son in Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Progressive Paralysis		How long	15 yrs
Immediate	Exhaustion, Cerebral Hemorrhage.		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Charles A. Maupstadt	
	Address		Catonsville Md	
Accident or Suicide?				



Name
in
Full

Mark Daily

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
St. Agnes' Hospital	Baltimore	MARYLAND			
Date of death 1903.	Month 10	Day 15	Years Age 82	Months	Days
Sex Male	Color or Race White	Birth-place Ireland			
Married, Single or Widowed	Occupation None				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary	Aortic Cardiac Failure	
Immediate	Exhaustion from Severe debility.	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
	J. T. Marz M.D.	How long
	Address	St. Agnes Hospital
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

Frank H. Debclius

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Orangerille	Baltimore			
Date of death 1903	Month Oct.	Day 7 $\frac{1}{2}$	Age	Years	Months
Sex	Male	Color or Race	White	Birth-place	Days
Married, Single or Widowed	single	Occupation	None		
Name of Wife or Husband					
Father's Name	Frank H. Debclius	15	Father's Birthplace	Maryland	
Mother's Maiden Name	Barbara Sanft		Mother's Birthplace	Maryland	
Name of person giving information	Frank H. Debclius		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhoea - Malasium	How long	3 weeks
Immediate	Asthma	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo L. Meltius
		Address	6 N. Broadway
Accident or Suicide?	Neither		

Holy Redeemer Cemetery

Oct. 9th 1903

Germanius Fane

Undertaker

Name
in
Full

Isaac Deth

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Fairview		Town	County Buck		MARYLAND	
Date of death 1903	Month 10	Day 23	Age 64	Years	Months	Days
Sex Male	Color or Race Black	Birth-place not				
Married, Single or Widowed	Occupation Laborer					
Name of Wife or Husband Marta Deth						
Father's Name 	Father's Birthplace not					
Mother's Maiden Name 	Mother's Birthplace not					
Name of person giving information John Jefferson	How related to deceased Son in law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cirrhosis of Liver

How long

About 1 yr

Immediate

dryay

How long

Are the name, age, sex, color, date and place correctly given above?

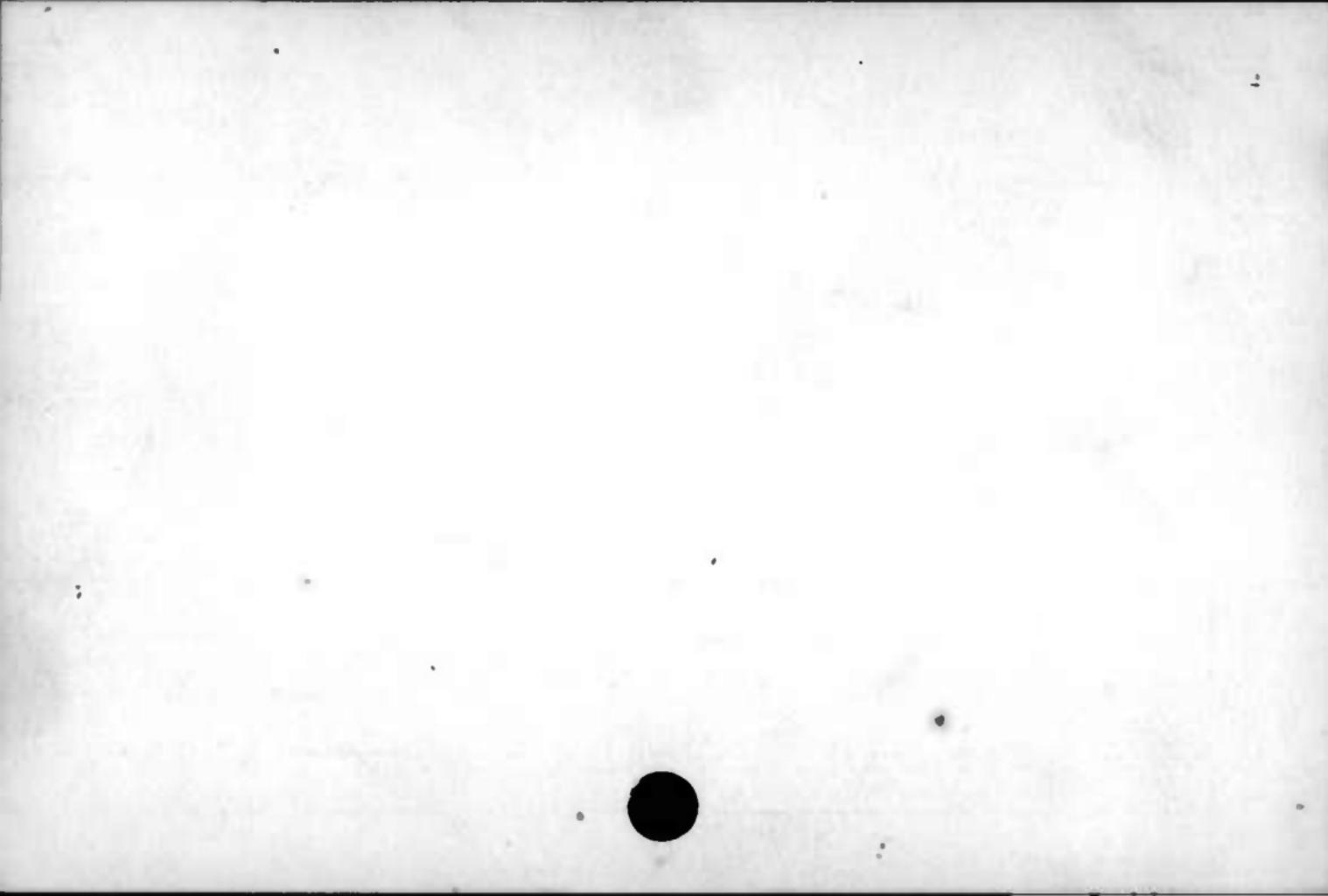
Signature of Physician

yes

Address

*Jas H. Wilson
Fowlersburg
Md*

Accident or Suicide?



Farmer J Dennis.

Town

County

Died at

Spurri Part.

Bolts.

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1920

Oct. 13

Age

7

Widow

Widow

Wife

Male

White

Married

Divorced

Female

Colored

Single

Widower

Number of children living

9

Husband
of

Wife

Father's
Name

Jesse Dennis

Mother's
Name

Martha Langley

Cause of

Primary

How long sick

24 hours

Diphtheria.

Diphtheria

Death

Immediate

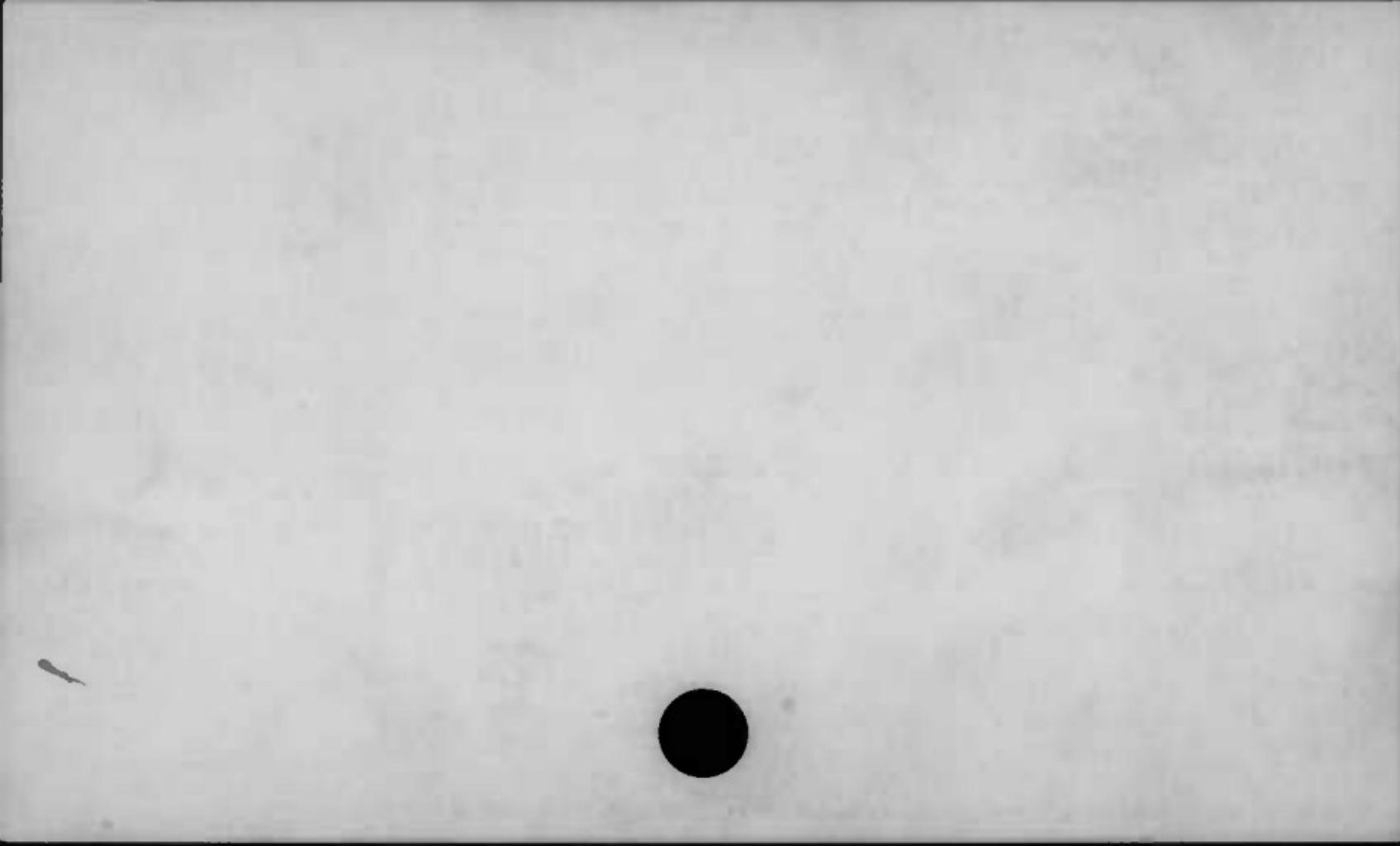
Accident, Suicide, Homicide

Reported by

Frank & Elvira A.D.

Address

Spurri Part



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Josiah Gilmore Derrickes				CERTIFICATE OF DEATH		
Town	County					
Died at Piney Grove	Baltimore		MARYLAND			
Date of death 1903 Oct 28	Month	Day	Years	Months	Days	
Age 15				1	18	
Sex Male	Color or Race Colored	Occupation Farmer	Birth-place Piney Grove			
Married, Single or Widowed Single						
Name of Wife or Husband						
Father's Name Josiah T. Derrickes	Father's Birthplace Baltimore Md.					
Mother's Maiden Name Alice Hardy	Mother's Birthplace Baltimore Md.					
Name of person giving information Joseph Derrickes	How related to deceased Brother					

CAUSES OF DEATH

Primary Typhoid fever How long 3 weeks
Immediate Heart Failure How long Sudden

Are the name, age, sex, color, date and place correctly given above?

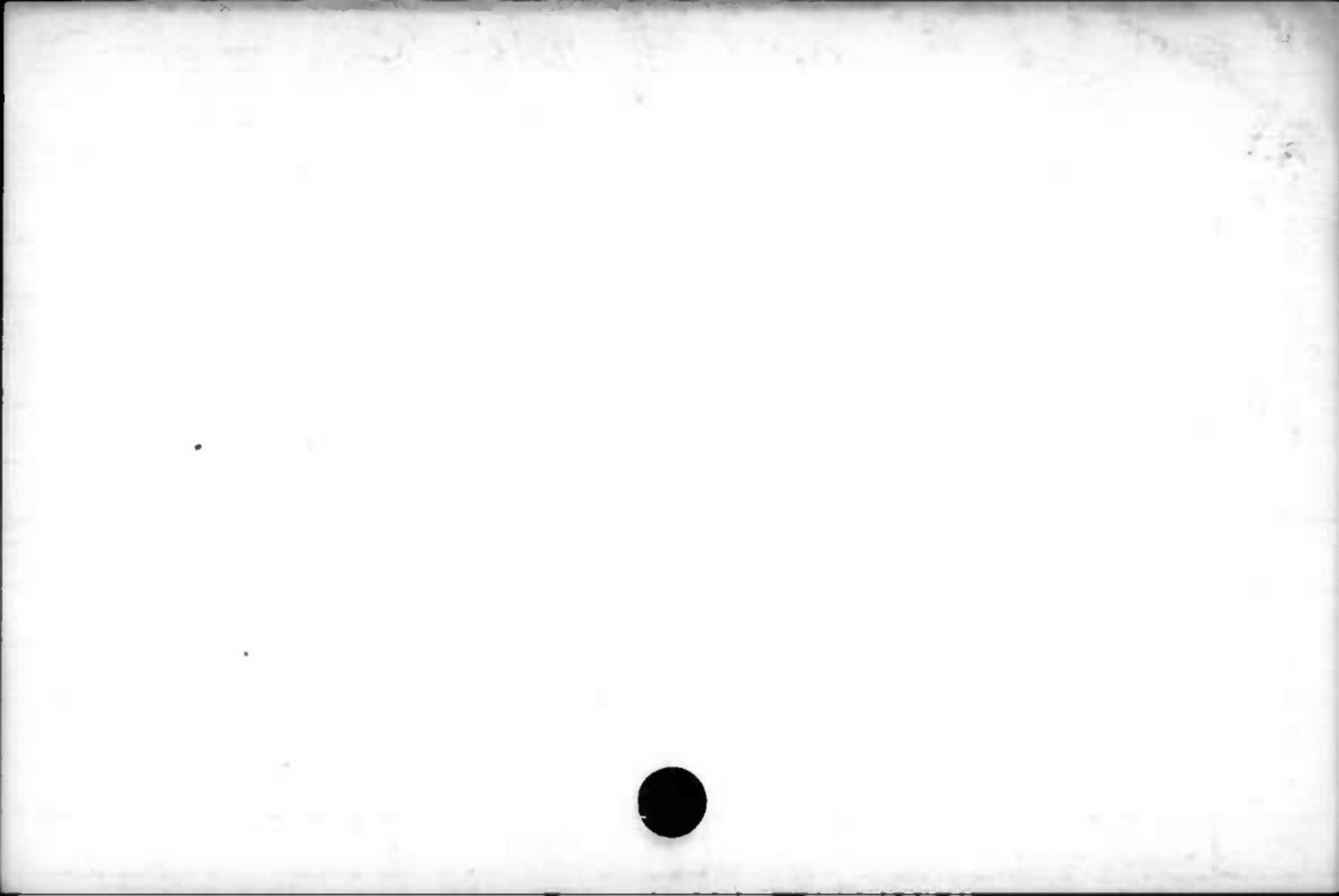
Yes

Signature of Physician

Address

Raw Price
Glyndebourne

Accident or Suicide? X



Name
in
Full

Thomas M. Drismore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Highlandtown	Baltimore			
Date of death	Month	Day	Years	Months	Days
1903	10	16	45		
Sex	Male	Color or Race	white	Birth-place	Md.
Occupation	Merchaut		Where Residing if not at place of death	O'Donnell & Third Sts	
Married, Single or Widowed	Name of Wife or Husband		adelede J. Drismore		
Father's Name	David Drismore		Father's Birthplace	Ireland	
Mother's Maiden Name	Margaret Moran		Mother's Birthplace	Md.	
Name of person giving information	P. E. Hatchiffe		How related to deceased	Bro-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Stomach
Exhaustion

How long

3 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

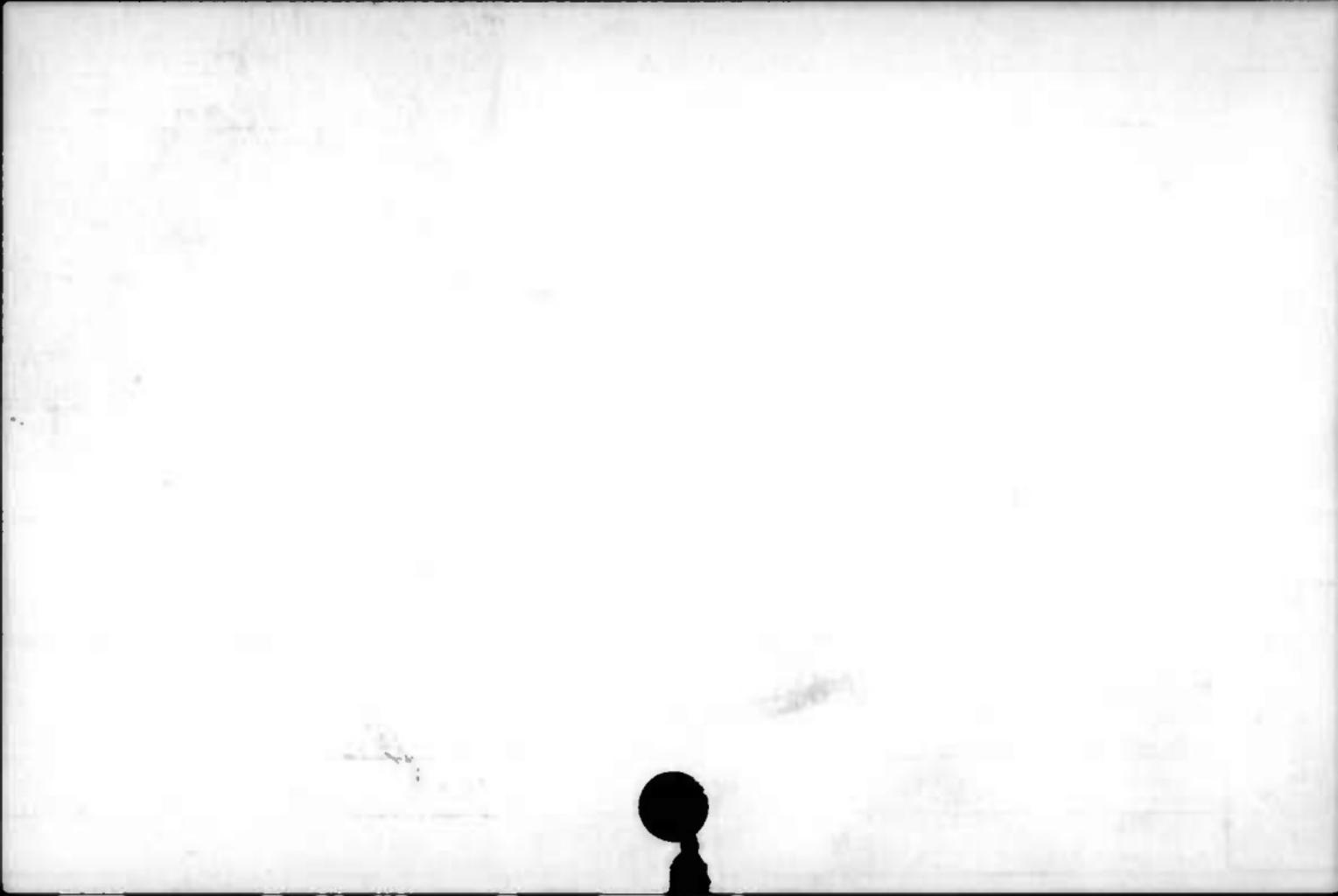
Yes

Signature of Physician

Address

E. P. Gilligan
1145 Chiropractic

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Agnes' Sanatorium</u>		Town	County	<u>Baltimore, MARYLAND</u>		
Date of death 190 <u>3</u> .	Month <u>10</u>	Day <u>27</u>	Age <u>37</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>Clerical</u>	Birth- place <u>Philadelphia</u>			
Married, Single or Widowed				Father's Birthplace		
Name of Wife or Husband				Mother's Birthplace		
Father's Name						
Mother's Maiden Name						
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Concussion of brain
Exsanguination

How long

Immediate

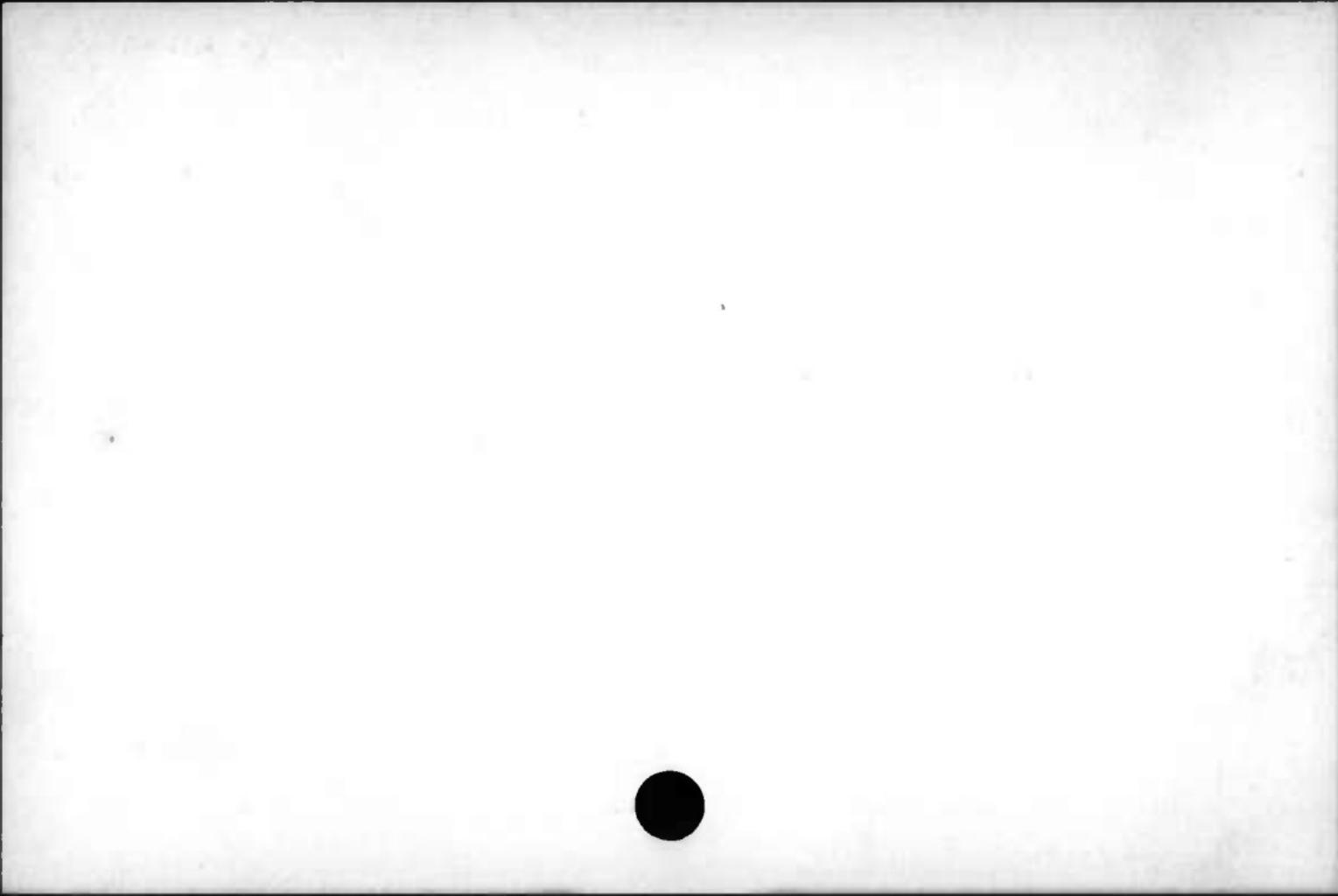
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. T. Mara M.D.
St. Agnes. Hospital

Accident or Suicide?



Name
in
Full

Millard Fillmore Eader

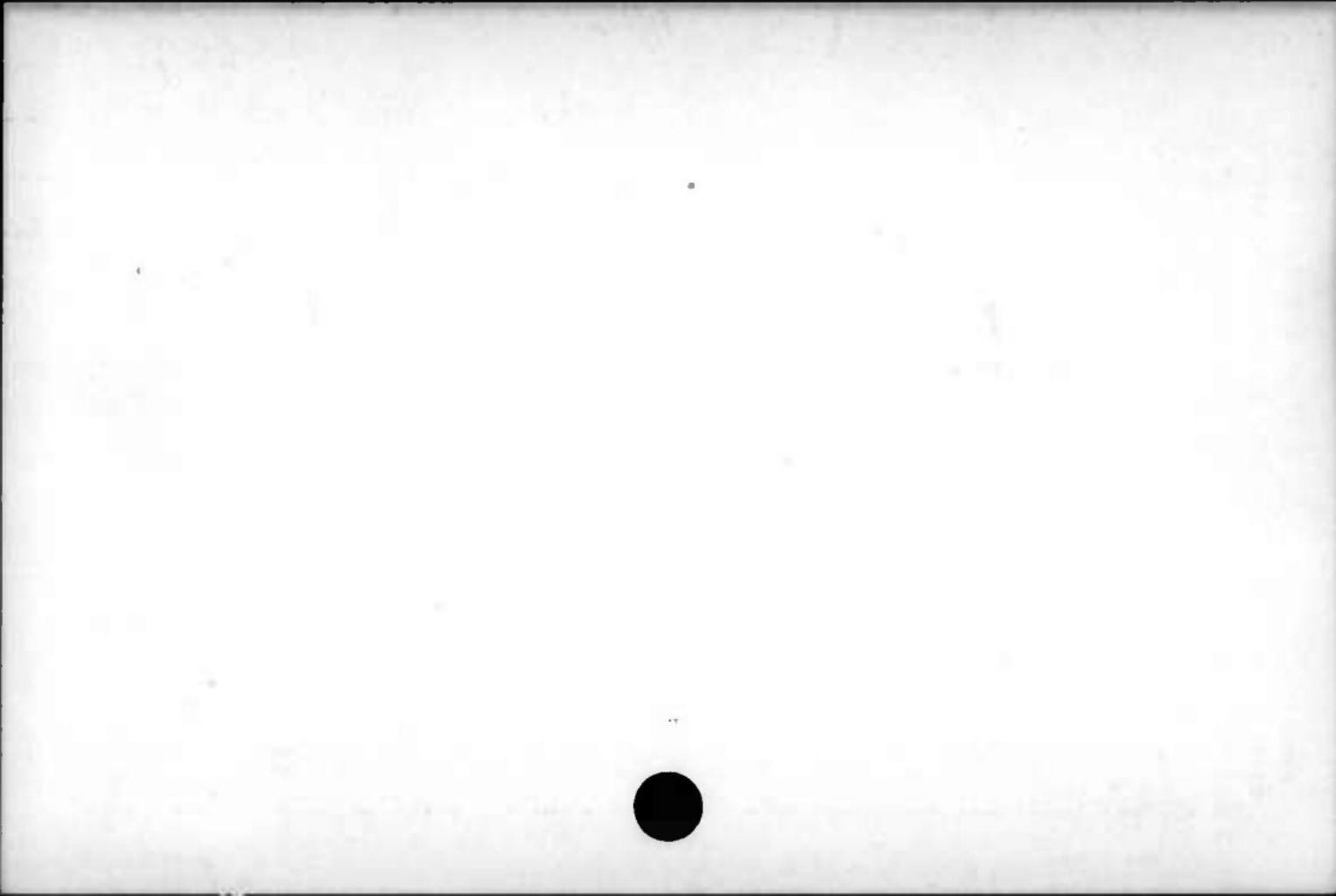
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month October	Day 31	Years Seven	Months Two	Days 29
Sex Male	Color or Race White	Birth-place Frederick Co.			
Married, Single or Widowed Single (child)	Occupation None				
Name of Wife or Husband					
Father's Name	John D. Eader	6	Father's Birthplace		
Mother's Maiden Name	Sophronia Joy		Mother's Birthplace	Frederick Co.	
Name of person giving information	Frank Keating		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Burn on Back	How long	13 days
	Immediate	Pneumonia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank Keating M.D.	
		Address	Curings Miles Montgomery	
Accident or Suicide?				



Name
in
Full

Matilda Louise Eceruan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Highlandtown	Baltimore			
Date of death 1903	Month Oct.	Day 12 th	Age 21	Years	Months Days
Sex	Female	Color or Race white	Birth-place	Md	
Married, Single or Widowed	Married	Occupation			
Name of Wife or Husband	Henry M Eceruan				
Father's Name			Father's Birthplace		
Mother's Maiden Name	Branwiger		Mother's Birthplace		
Name of person giving Information	H M Eceruan		How related to deceased	Hubbed	

CAUSES OF DEATH

Primary	Sub Pulmonalis	How long
Immediate	Embaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

PHYSICIAN
OR CORONER

St Mathew's Barn

J Herwig & Son

Name in Full

Certificate of Death

John Eckers

Bellis, Co. Aluishouse

MARYLAND

Died at

Town

County

Died at

Date 19

Month

Day

03

Age 84

M.

D.

Native of

Germany

Occupation

Male

White

Married

Widow

Divorced

 Female Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Infirmities of old age

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Thos. S. Bussey

of Texas

Address

Residential Board



Name in Full

Certificate of Death

Lydia Onorella Eichholz
 Town Phoenix County Baltimore

MARYLAND

Died at

Date 19

03

Month

Day

Y.

M.

D.

Native of

Hager

Occupation

Male

White

Age 7
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of

Primary

Mother's Maiden Name

Eva. H. Markman

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Laryngeal Diphtheria 24 h.

Effraction

T. Ross Payne M.D.

Corbett

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Orhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month Oct.	Day 16	Years 18	Months 6	Days 14
Sex Female	Color or Race White	Birth-place Balt. Md.			
Married, Single or Widowed single	Occupation	Home			
Name of Wife or Husband					
Father's Name Frank J. Orhardt			Father's Birthplace Germany		
Mother's Maiden Name Annie Edelman	2		Mother's Birthplace Balt. Md.		
Name of person giving information Frank J. Orhardt			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pleurisy - (tubercular)	How long 3 months
	Immediate	Collapse	How long one day
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. W. Schuessler M.D.	
		Address 1013 E. 30th St.	
	Accident or Suicide?		

Sacred Heart Cemetery

Oct. 20th 1903

Germanus Hand

Undertaker

Rozilla Evans.

Town
Gloucester

County
Baltimore

MARYLAND

Died at

Date 19

Month
Oct

Day
10

Y.
Age 69

M.

D.

Native of

Maryland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Joseph Evans

Mother's Maiden Name

Eliza Evans

Cause of

Primary

Bright's Disease

How long sick

Death

Immediate

Emphysema

Accident, Suicide, Homicide

Reported by

J. Ross Payne M.D.

Address



Corbett, MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary C. Fagan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	Co	MARYLAND	
Date of death	Month	Day	Years		Months	Days
1903	Oct	16	74			4
Sex	Female	Color or Race	White	Birth-place	Md.	
Occupation	Wife	Where Residing if not at place of death			Md. Washington	
Married, Single or Widowed	Widow	Name of Husband	Thomas. Fagan	Father's Birthplace	Md.	
Father's Name	Isaac Renn			Mother's Birthplace	Md.	
Mother's Maiden Name	Mary. Rice	70		How related to deceased	Daughter	
Name of person giving information	Father & Hoffman					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asthma Brights		How long	One year
Immediate	Asthma		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	O. H. Batem	
		Address	Md Washington	
Accident or Suicide?				

Fredrick City Md
Ch. 17-03

A. S. Mars Hall
3839 Fall Road

Name
in
Full

Still Born Infant

49
CERTIFICATE OF DEATH

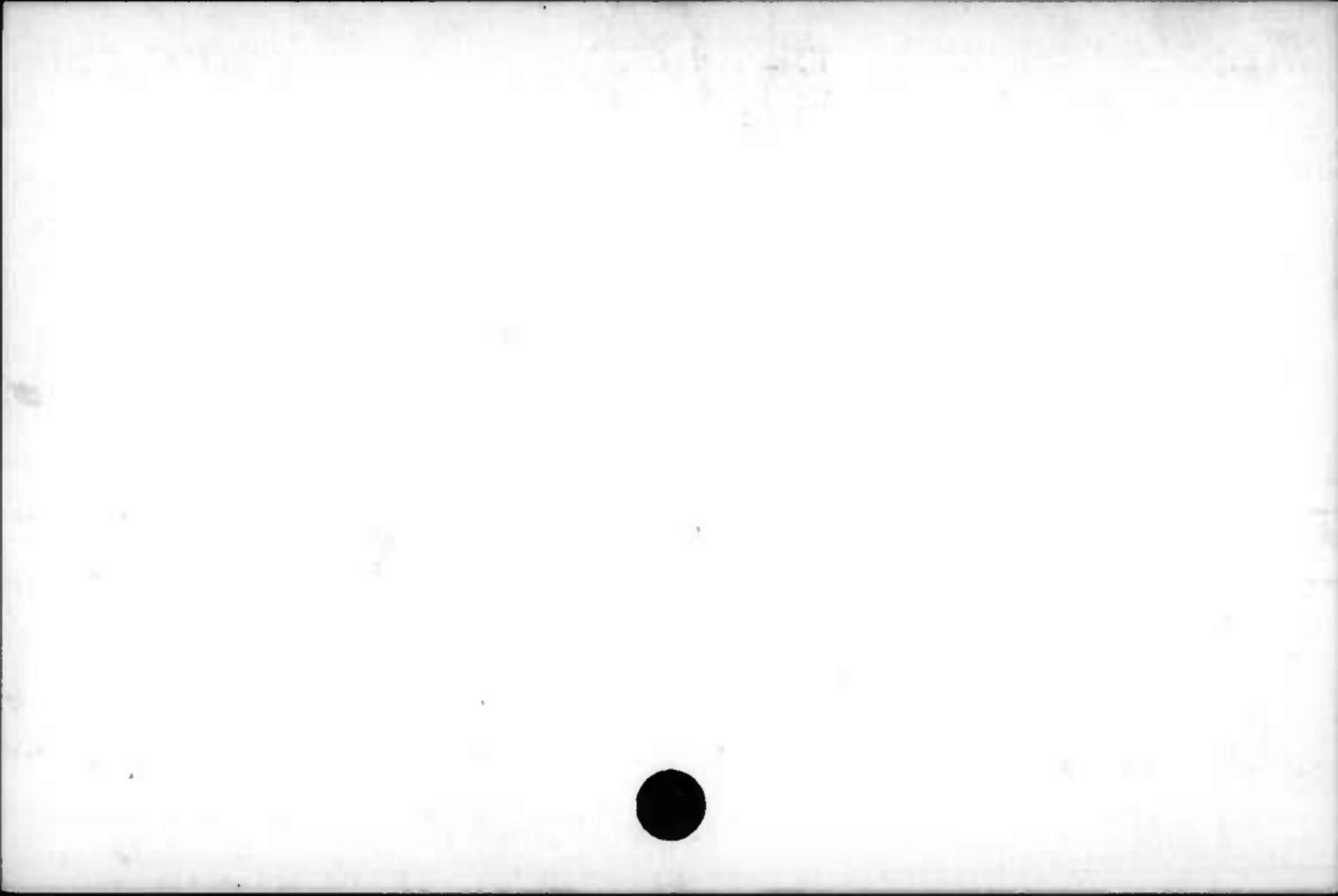
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frank Ford			Father's Birthplace	Med.
Mother's Maiden Name	Emma McComas			Mother's Birthplace	"
Name of person giving information	Frank Ford			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long
Immediate	..	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. F. Gosuch Jr.
	Address	Foster Rd
Accident or Suicide?		



Name
in
Full

Maria Francis

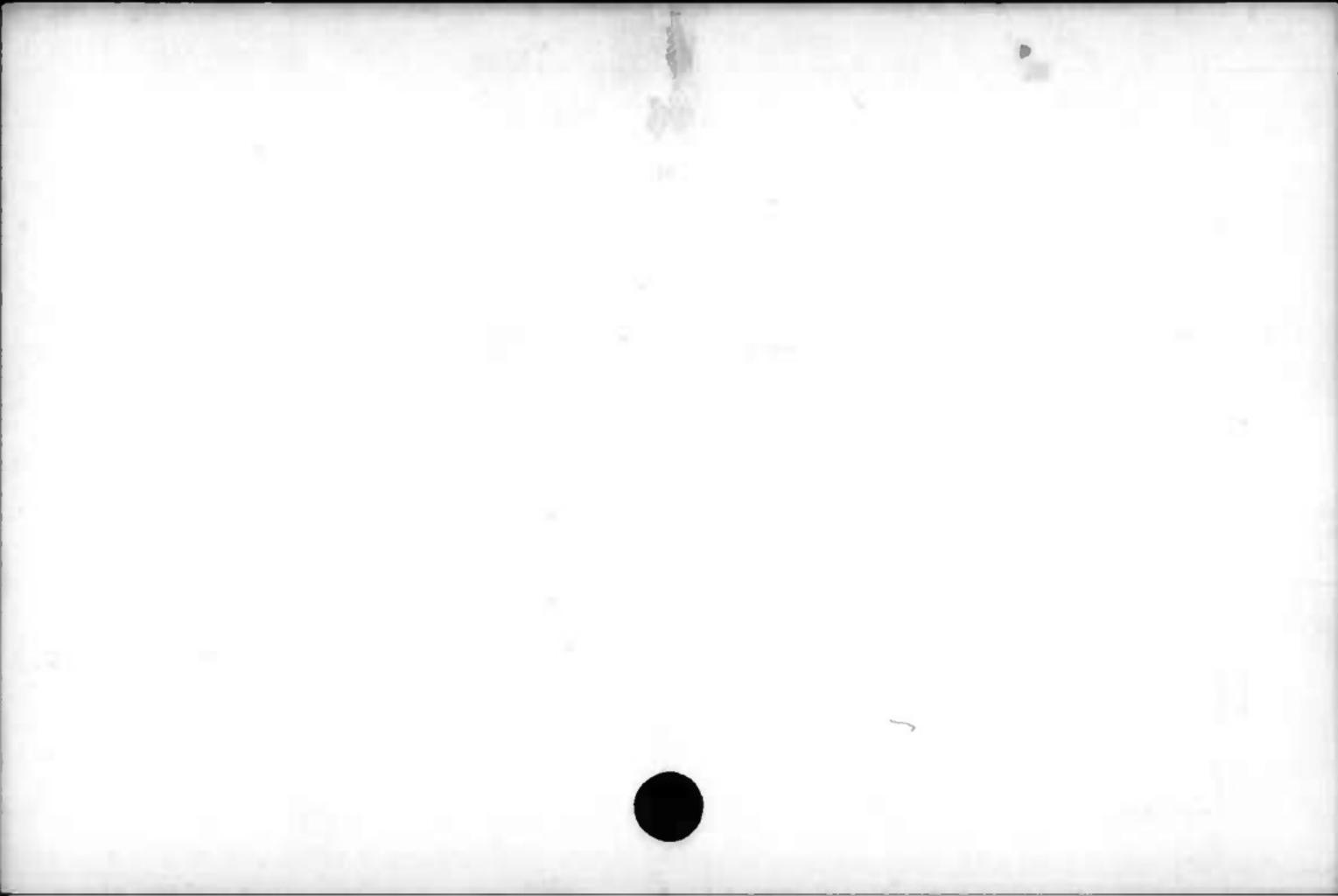
66

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Greenwood	Baltimore			
Date of death	Month	Day	Years	Months	Days
1903	Oct	7	Age 89	10	-
Sex	Color or Race	Birth-place			
Female	white	Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Thomas Francis				
Mother's Maiden Name	Perilla Chenevorth				
Name of person giving information	Martha Francis				
CAUSES OF DEATH					
Primary	Old age				How long 2 months
Immediate	Fractured thigh				How long " "
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
				Address	
Accidental Suicide?				Dr. S. L. Tilling	

PHYSICIAN
OR CORONER



Name
in
Full

John Frowm (Frowm)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Pikesville	Baltimore	
Date of death	Month	Day	Years
1903	Oct	20	Age 70
Months		Days	6 mos 22
Sex	Color or Race	Birth-place	
Male	White	Germany	
Occupation	Where Residing if not at place of death		
Farmer	as above		
Married, Single or Widowed	Name of Wife or Husband		
Married	Virginia Frowm		
Father's Name	Andrew Frowm	Father's Birthplace	
Mother's Maiden Name	Margaret Koppen	Mother's Birthplace	Germany
Name of person giving Information	Max Frowm	How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
General debility

How long
Several months

Immediate
Exhaustion

How long
:

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Horis Naylor
Pikesville Md

Accident or Suicide?

A. S. Marshall
Stone & Lappelle

Oct 23 - 1983

Name in Full

Certificate of Death

John Absolem Galloway.

Town

Texas

County

Baltimore

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

*Oct 15*Age *48.11.**Maryland**Laborer*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

*4*Husband
of*Ella Parks**Q3*Father's
Name*James Galloway*

Mother's

Maiden Name

Oliveira Colr

Cause of

Primary

Pneumonia

How long sick

8 day

Death

Immediate

Pneumonia~~Incident, Suicide, Homicide~~

Reported by

Dr D.S.B. Benson

Address

*Cockeysville**Baltimore Co. Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Henry Cawelti
Oct 17.

Please file at permits
and return a

Oblige

W. C. Brooks

Name
in
Full

Theo Garand

CERTIFICATE OF DEATH

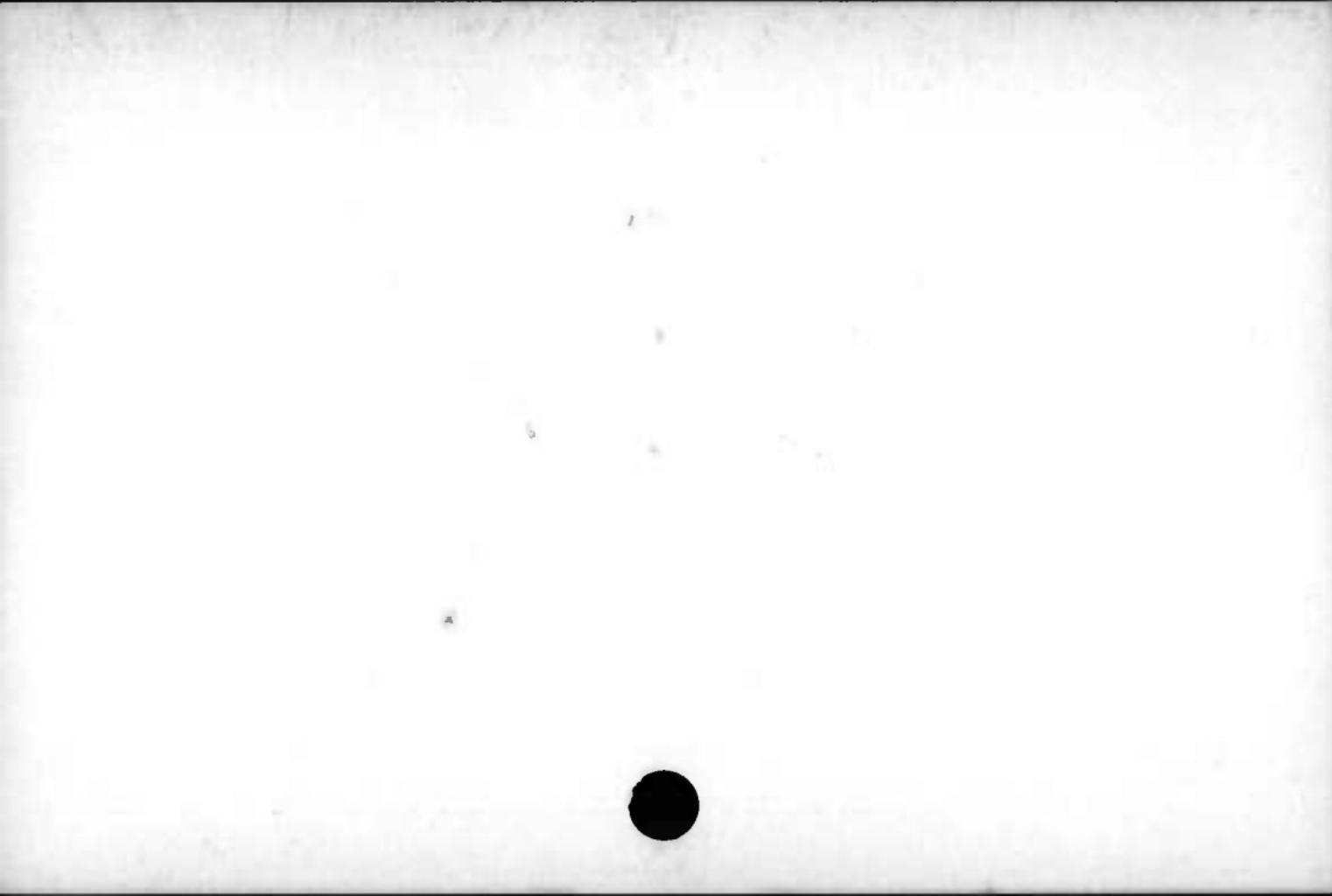
TO BE ANSWERED BY
NEAREST FRIEND

Town	Balto	County	MARYLAND
Died at Lauraville			
Date of death 1903 Oct 4	Month	Age 45	Years
Sex male	Color or Race white	Birth-place France	Months Days
Married, Single or Widowed Married	Occupation Barber		
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information	Foret Lassau	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Natural causes of death	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician
Address	Dr Edward Corse Sen
Accident or Suicide?	Edward Corse Sen Dr Remmey Jr. P. Brown



Name
in
Full

Benjamin H. Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Germantown	Baltimore				
Date of death 1903	Month October	Day 30	Age 71	Years 11	Months 11 Days 18
Sex male	Color or Race white	Occupation Farmer			
Married, Single or Widowed married					
Name of Wife or Husband Amanda L. Nelson					
Father's Name Benj. Garrett	Father's Birthplace Maryland				
Mother's Maiden Name Eliz. Turnbaugh	Mother's Birthplace Maryland				
Name of person giving information Jas. B. Davis	How related to deceased Son-in-Law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemiplegia

How long

3 days

Immediate

"

How long

3 "

Are the name, age, sex, color, date and place correctly given above?

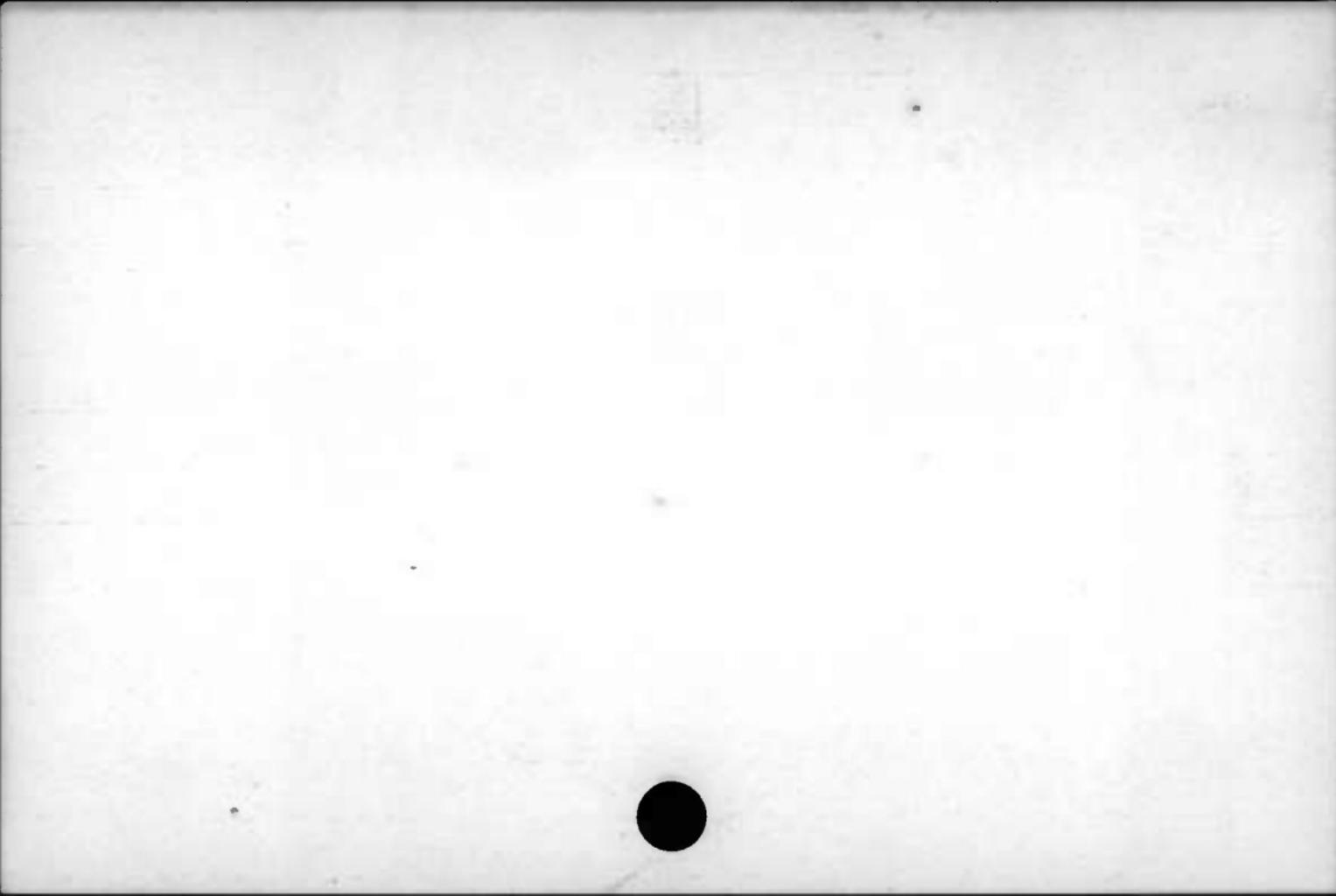
yes

Signature of Physician

Address

Winfield Stirling,
Shaw,
Md.

Accident or Suicide?



Name
in
Full

Mrs. Mary Gaebel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		Baltimore, MARYLAND	
Date of death 1903	Month 10	Day 26	Years Age 49	Months	Days
Sex Female	Color or Race White	Occupation Housewife		Birth-place Germany	
Married, Single or Widowed					
Name of Wife or Husband Ferdinand Gaebel					
Father's Name	B				Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information Ferdinand Gaebel					How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gall Stones, then Operation

How long

Immediate

Examination

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. T. Mara M.D.
St. Agnes Hospital.

Accident or Suicide?



Name
in
Full

Thos. J. Gray Jr.

CERTIFICATE OF DEATH

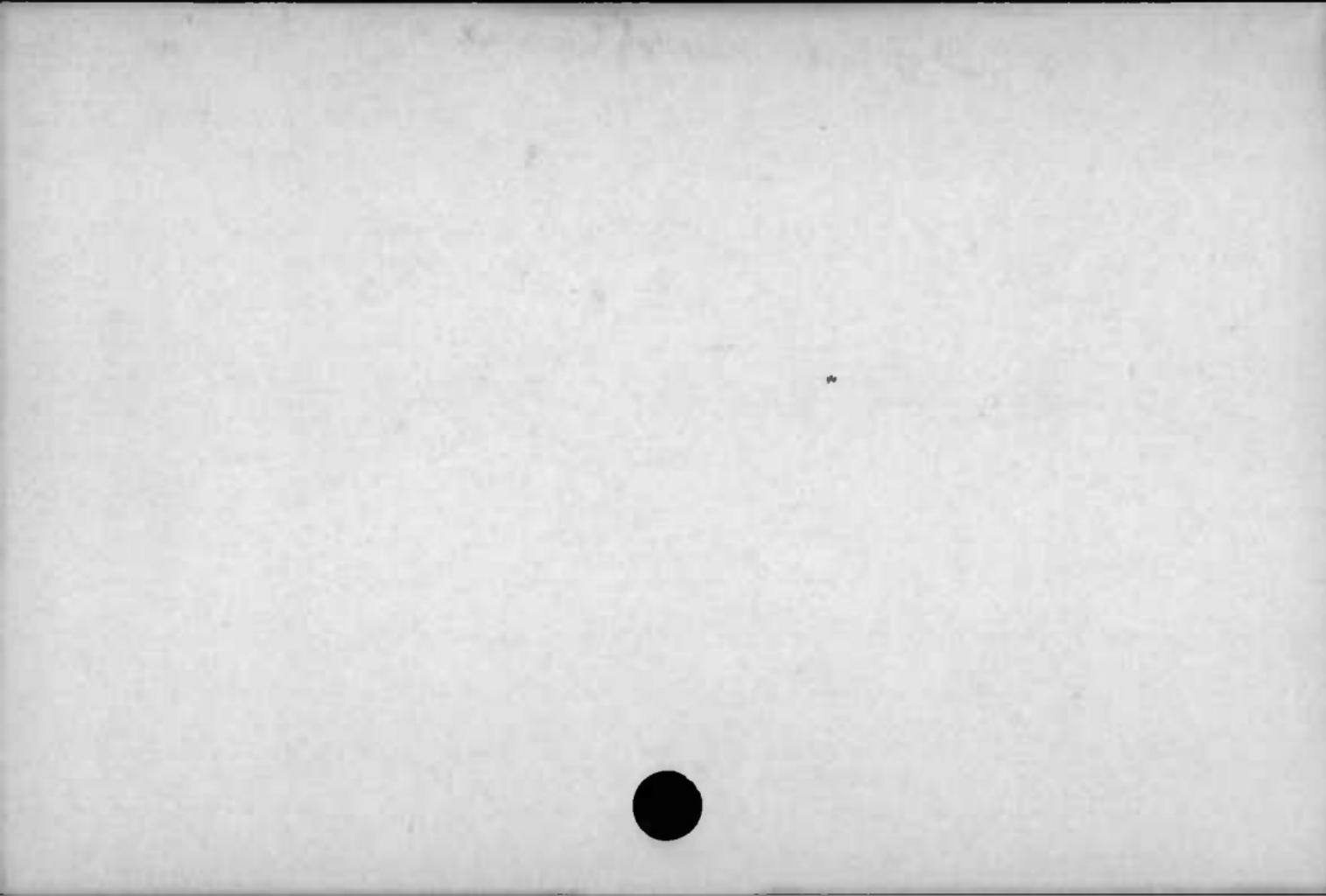
To BE ANSWERED BY
NEAREST FRIEND

Died at	Harrisonville	Town	County	MARYLAND							
Date of death	1903	Month	10	Day	19	Years	Age	70	Months	1	Days
Sex	Male	Color or Race	white	Birth-place	Belair						
Occupation	Cabinet Master			Where Residing if not at place of death	at Harrisonville						
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Gray	Father's Birthplace	Belair						
Father's Name	John Gray Deceased			Mother's Birthplace	Dolant						
Mother's Maiden Name	Mary Brown Deceased			How related to deceased	son						
Name of person giving information	Thos. J. Gray Jr.										

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Abscissory	How long	2 days
Immediate	Complaint	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jno S. Bollot
		Address	Harrisonville
Accident or Suicide?			No



Name
in
Full

William Hall Sr

CERTIFICATE OF DEATH

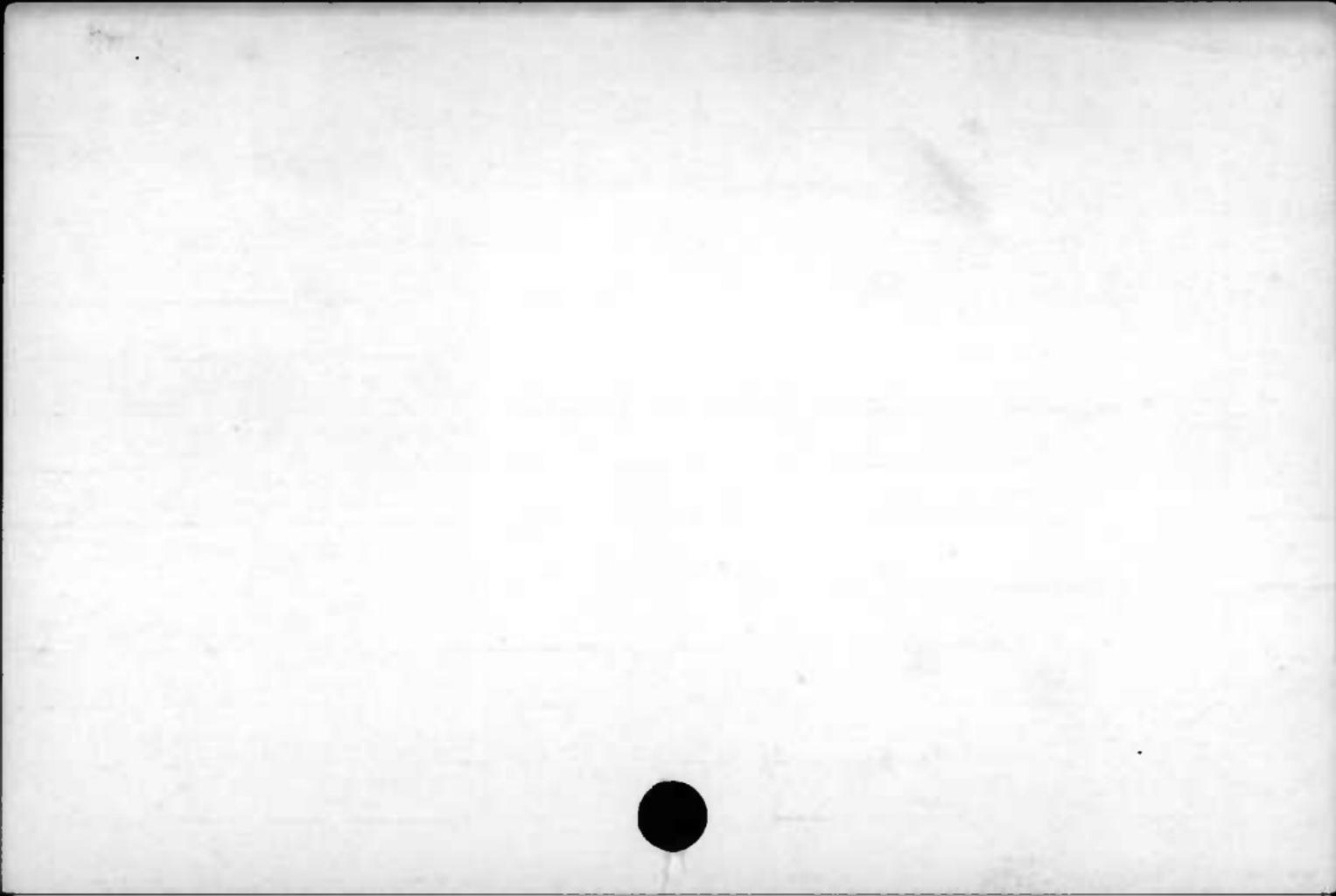
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Sunnybrook	Baltimore				
Date of death 1903	Month 10.	Day 7	Age 92	Years 92	Months 1	Days 3
Sex	male	Color or Race	White	Birth- place	Baltimore City Md.	
Married, Single or Widowed	Widower	Occupation	Farmer			
Name of Wife or Husband	Margaret Hall					
Father's Name	Christopher Hall					
Mother's Maiden Name	Susan Croe. 154					
Name of person giving Information	Mary Hall					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility		How long	3 years
Immediate	Inanition		How long	3 weeks.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Frederick Douglass Md.	
They are	Address		Sunnybrook Md.	
Accident or Suicide?				



Name
in
Full

Alice A Hammond

CERTIFICATE OF DEATH

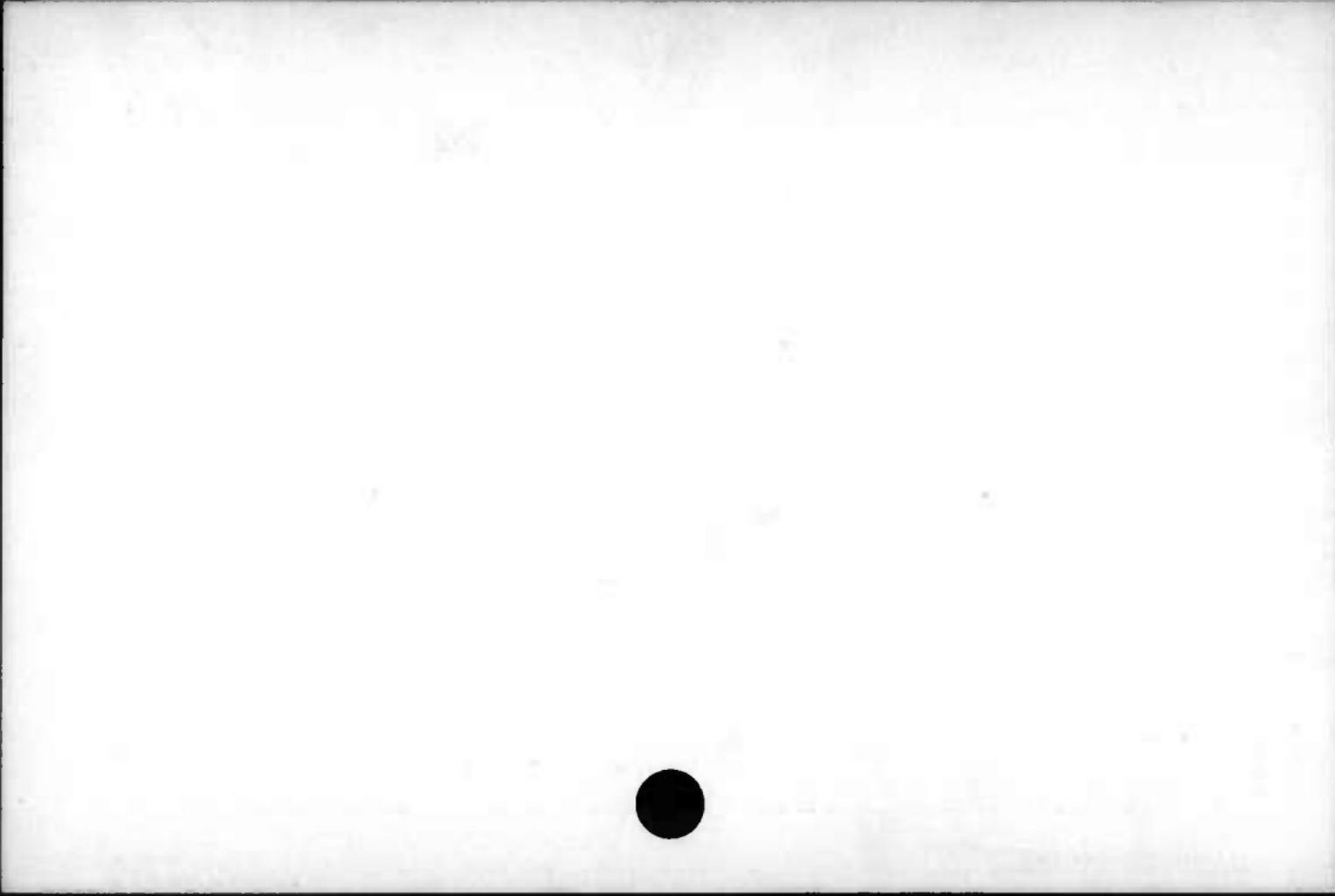
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Pleasant Hill	Baltimore		1	21	Days
Date of death 1903	Month Oct	Day 21	Age	Years	Months
Sex Female	Color or Race white	Occupation	Birth-place	Baltimore Co MD	
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	Robert E Hammond		Father's Birthplace	Baltimore Co MD	
Mother's Maiden Name	Clara M. Griffith		Mother's Birthplace	Baltimore City	
Name of person giving Information	Robert E Hammond		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	15	How long	One Mo.
Immediate	Exhaustion		How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Mr. Seale Resister Home	
		Address		
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Ann Harden						CERTIFICATE OF DEATH	
Died at	Town	St. Agnes' Hospital Baltimore,			County	MARYLAND	
Date of death 1903.	Month 10	Day 15	Age 28	Years	Months	Days	
Sex Female	Color or Race White				Birth-place Baltimore		
Married, Single or Widowed	Occupation			None			
Name of W ife Husband George A. Harden							
Father's Name Dan. Carroll				Father's Birthplace Ireland			
Mother's Maiden Name Doyt known.	106			Mother's Birthplace do			
Name of person giving information Husband				How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastro-intestinal typhus

How long

Immediate

Cordic reakur -

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. T. Pierce
St. Agnes' Hospital

Accident or Suicide?

John J Fahey
undertaker
1232 William st

Leona M. Harmon

Town

County

Died at Baltimore Washington Balt

MARYLAND

Date 19 <u>13</u>	Month <u>Oct</u>	Age <u>7.8.</u>	Y. <u>1</u>	M. <u>8</u>	D. <u>21</u>	Native of <u>Mad</u>	Occupation _____
<input checked="" type="checkbox"/> Male	White	<input checked="" type="checkbox"/> Married	Widow	Divorced			
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Single		Widower	Number of children living			

Husband of _____

Wife

Father's Name

James T. Harmon Mother's Maiden Name Mary Cross

Cause of Death

Primary

diphtheria

How long sick

10 days

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

C. H. Beeter MD

Address

Baltimore Washington  Mad

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm C Brooks

Instrument Bosley

Cometay. Bullock
Ind

Name
in
Full

Louisa Glatzel

CERTIFICATE OF DEATH

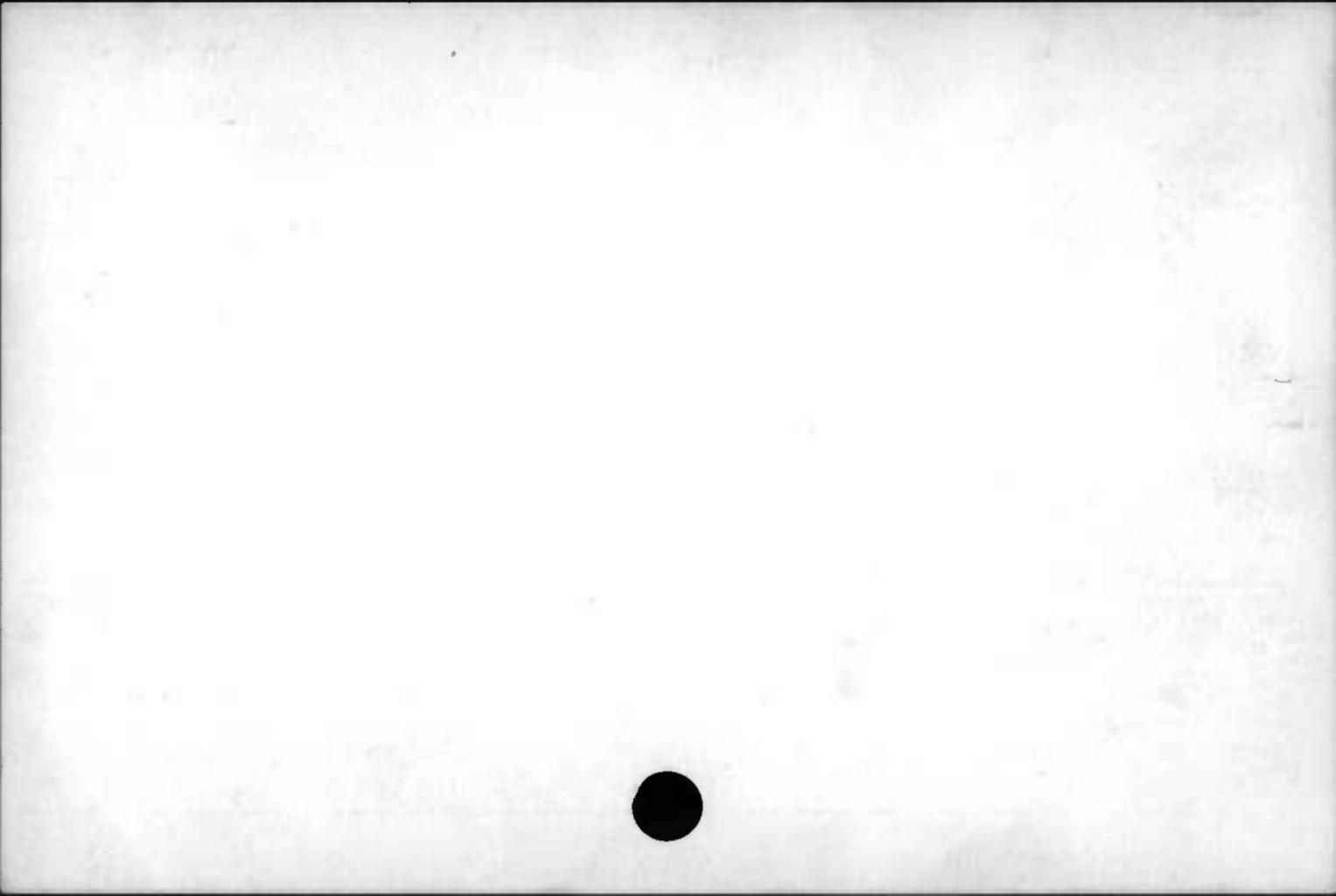
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
3	OCT.	25	40	6	16	
Sex	Male	Color or Race	white	Birth-place	13 Bath Rd.	
Married, Single or Widowed	Married	Occupation	Blacksmith			
Name of Wife or Husband	Yascha Glatzel					
Father's Name	Joseph Glatzel					
Mother's Maiden Name	Henrietta Sauer					
Name of person giving information	Henrietta D Schick					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis		How long	About 1 year
Immediate	Phthisis		How long	3 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Wm. D. Corson
			Address	Gardenville Bath Rd. sub.
Accident or Suicide?				



Name
in
Full

Hannah M. Hoffmann

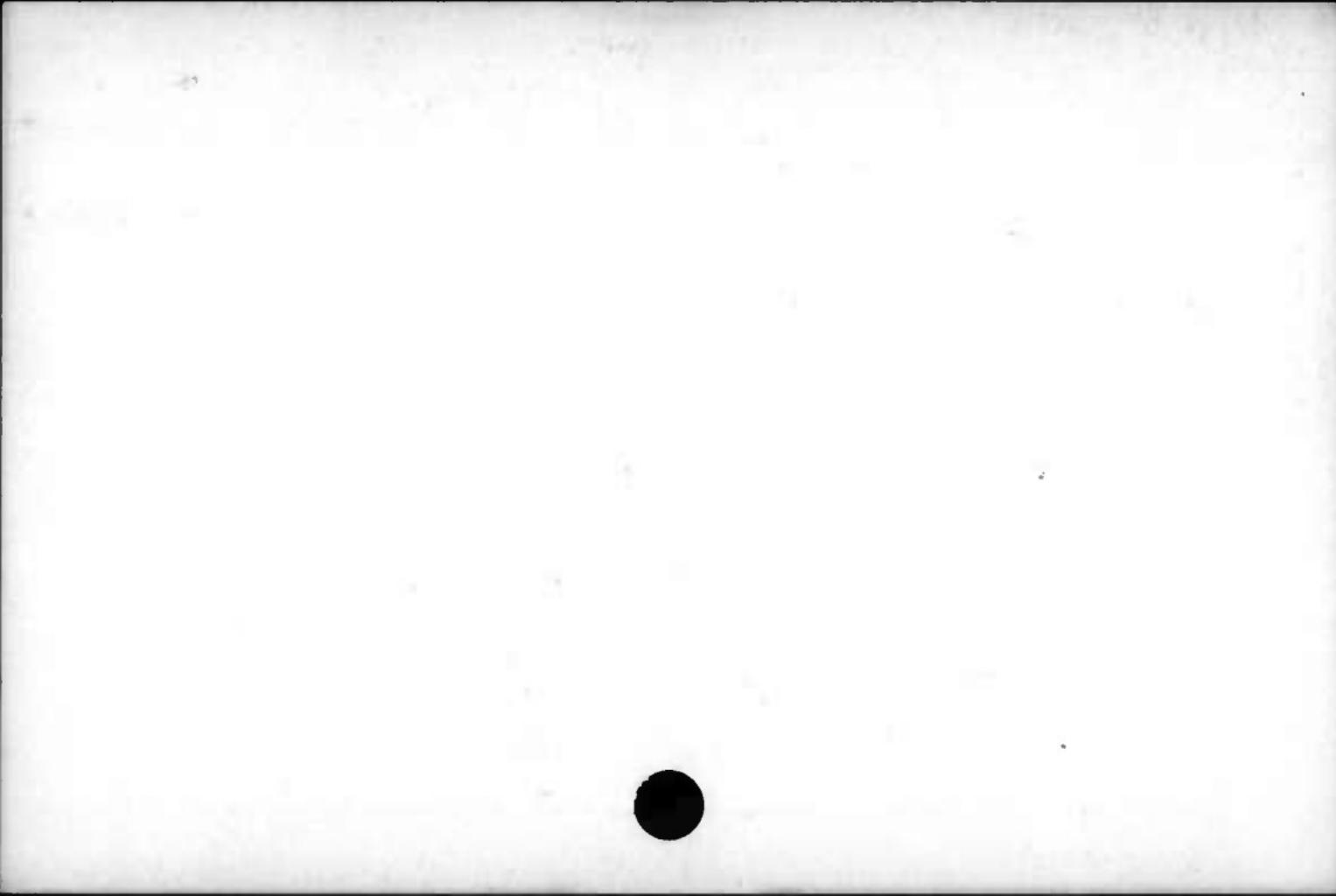
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Westport</u>	County <u>Baltimore</u>	MARYLAND		
Date of death 190	3 Month <u>Oct</u>	Day <u>10</u>	Age <u>10</u>	Years <u>1</u>	Months <u>20</u>
Sex <u>female</u>	Color or Race <u>white -</u>	Occupation <u>School girl</u>	Birth- place <u>Balt. Co. Md.</u>		
Married, Single or Widowed <u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>		
Name of Wife or Husband <u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>		
Father's Name <u>Geo. W. Hoffmann</u>	<u>—</u>	<u>—</u>	Father's Birthplace <u>York. Pa.</u>		
Mother's Maiden Name <u>Barbara A. Cochleum</u>	<u>—</u>	<u>—</u>	Mother's Birthplace <u>Balt. Co. Md.</u>		
Name of person giving Information <u>Barbara A. Hoffmann</u>	<u>—</u>	<u>—</u>	How related to deceased <u>mother</u>		

CAUSES OF DEATH

Primary	<u>Typhoid fever</u>	How long <u>18 days</u>
Immediate	<u>Intestinal Hemorrhage</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Frank St. Runkle</u>
		Address <u>Bansdowne - Md.</u>
Accident or Suicide?		



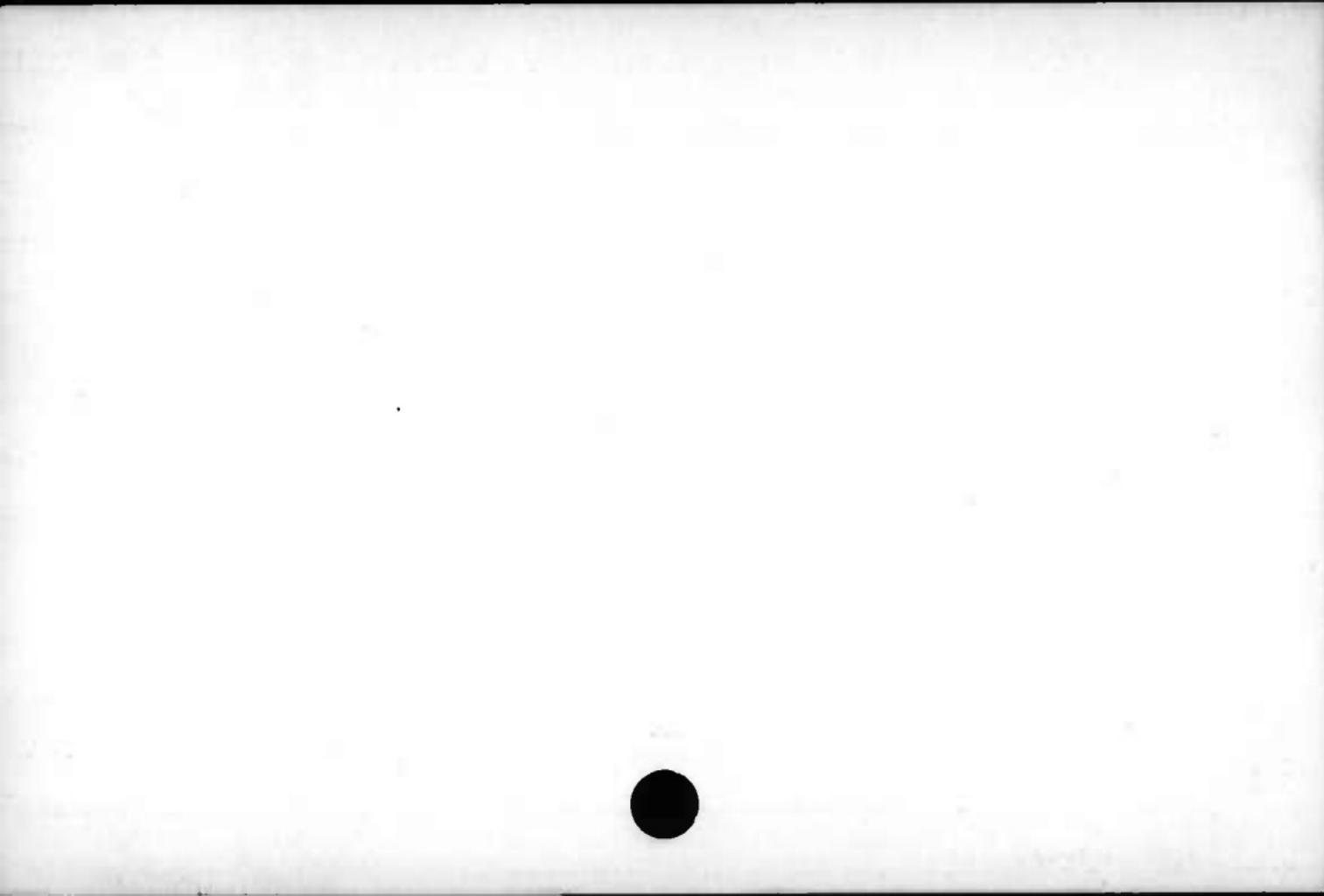
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Hoffmister						CERTIFICATE OF DEATH	
Died at <u>Leaves Farm</u>			County <u>Baltimore</u>			MARYLAND	
Date of death 190	Month <u>3 Oct</u>	Day <u>10</u>	Age <u>64</u>	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>white</u>	Occupation <u>Day Laborer</u>		Birth-place <u>Germany</u>			
Married, Single or Widowed <u>widower</u>	Name of Wife or Husband <u>Catherine Hoffmister</u>		Father's Name	Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information <u>John Hoffmister</u>			How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Epilepsy</u>	<u>79</u>	How long <u>For year</u>
	Immediate <u>Heart Disease</u>		How long <u>Two years</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W.W. Campbell</u>	
		Address <u>Owings Mills Md</u>	
Accident or Suicide?			



Name
in
Full

William C. Hoskira

74

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Oct.	Day 14	Years 84
Sex Male	Color or Race white	Birth-place Harford Co	
Occupation Farmer	Where Residing if not at place of death at Fork, Md.		
Married, Single or Widowed	Name of Wife or Husband A. B. Hoskira	Father's Birthplace	
Father's Name		Mother's Birthplace	
Mother's Maiden Name		How related to deceased Nephew	
Name of person giving information	B. A. Benson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Brain disease

How long

2 years

Immediate

Near fainting

How long

2 days -

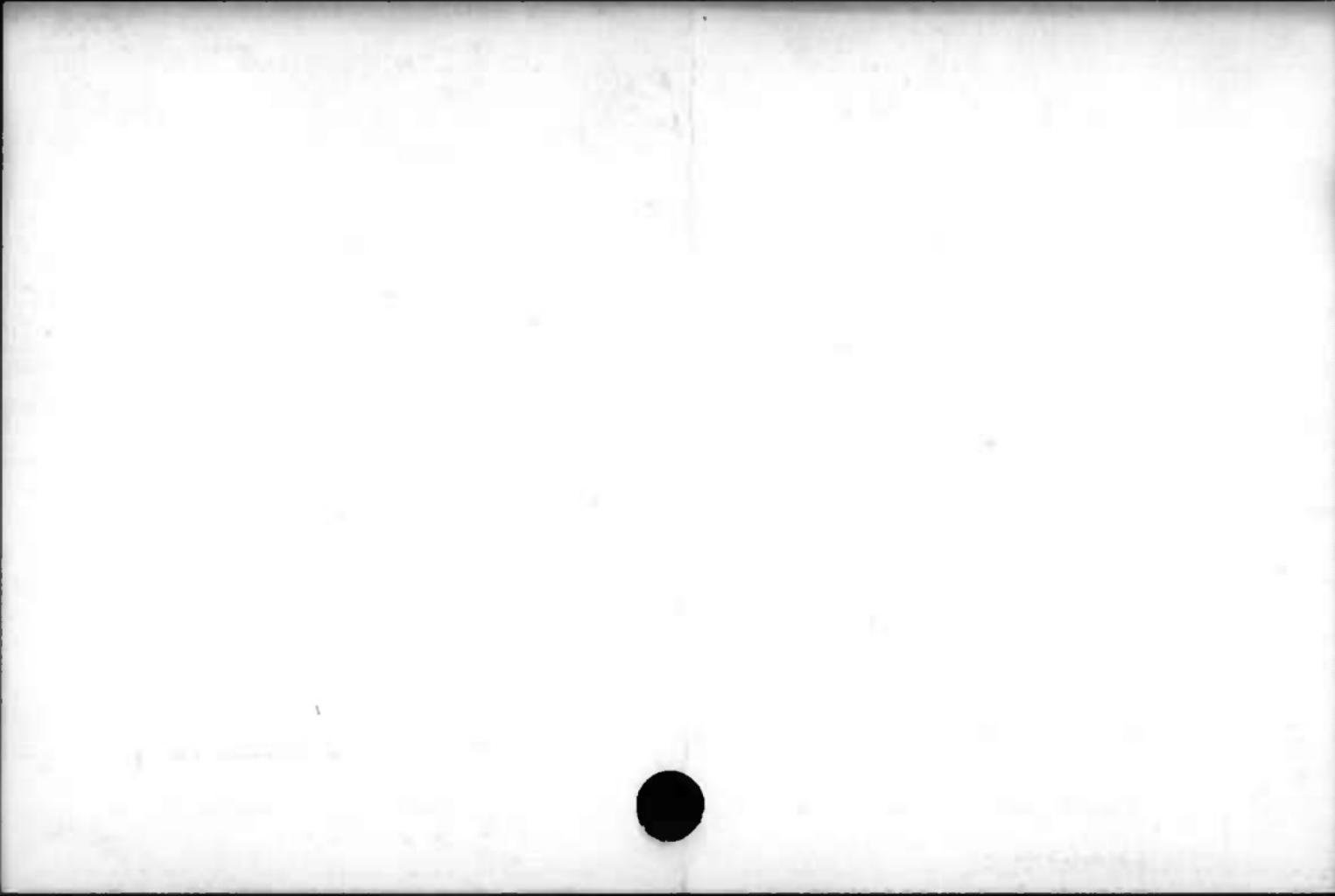
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Green -
Gittings, Md.

Accident or Suicide?



Name
in
Full

Mary Emma Jaffrin

CERTIFICATE OF DEATH

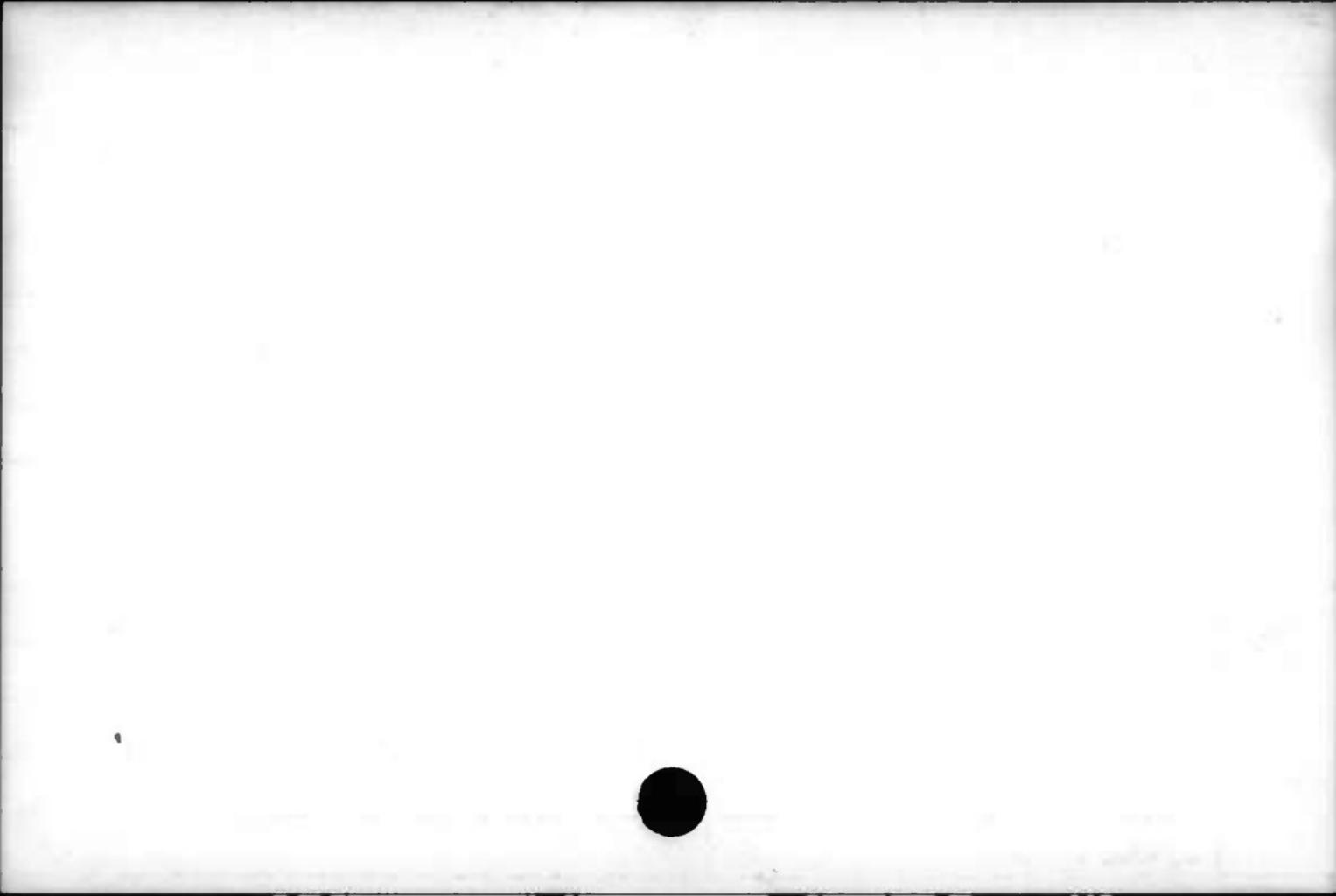
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth- place	Pa.	
Married, Single or Widowed	Married	Occupation		Housewife		
Name of Wife Husband	Henry Jaffrin					
Father's Name	Samuel A. Smith			Father's Birthplace	Delaware	
Mother's Maiden Name	Flourne V. Smith			Mother's Birthplace	Ireland	
Name of person giving Information	Flourne V. Smith			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever complicated pneumonia	How long	29 days
Immediate	Asphyxia	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. R. Hodges M. D.,
		Address	Spanow's Point, Maryland.
Accident or Suicide?			



Name in Full

Certificate of Death

Mabel Johnson
Town
Texas

County
Baltimore Co.

MARYLAND

Died at

Date 1903
MaleMonth Day
10 22Y. M. D.
7 21Native of
Ga

Occupation

Age
Married

Widow

Divorced

Single

Widower

Number of children living
10

Female

Colored

Husband of

Wife

Father's Name

Albert Johnson

Mother's Maiden Name
Amelia Taylor

Cause of Death

Primary

How long sick

immediate

Retro pharyngeal abscess

Accident, Suicide, Homicide

Reported by

Dr. Thos. C. Bussey

Address

Texas

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To be buried
at Poor's Chop
Dec 23rd 1903

Name
in
Full

Helen Josephine Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	—	County	Baltimore	MARYLAND		
Date of death 1903	Month Oct	Day 20	Age	Years —	Months 5	Days 27	
Sex Female	Color or Race	white	Birth-place	20			
Married, Single or Widowed	Occupation						
Name of Wife or Husband	—						
Father's Name	James P. Jones					Father's Birthplace	2nd
Mother's Maiden Name	Emily E. Parr					Mother's Birthplace	2nd —
Name of person giving information	Emily E. Jones					How related to deceased	niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congestion Chick —		How long	5 hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John W. Hansen M.D.	
		Address	Middle River, Md.	
Accident or Suicide?	m			



Name
in
Full

Jones, William F.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Oct	Day 19	Years 60
Sex Male	Color or Race white	Birth-place Virginia	Months Days
Married, Single or Widowed Married	Occupation Schorlebacher	15X	
Name of Wife or Husband X	Father's Name X	Father's Birthplace X	
Mother's Maiden Name X		Mother's Birthplace X	
Name of person giving Information X		How related to deceased X	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Dementia

How long

9 mos.

Immediate

& exhaustion

How long

1 mos.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

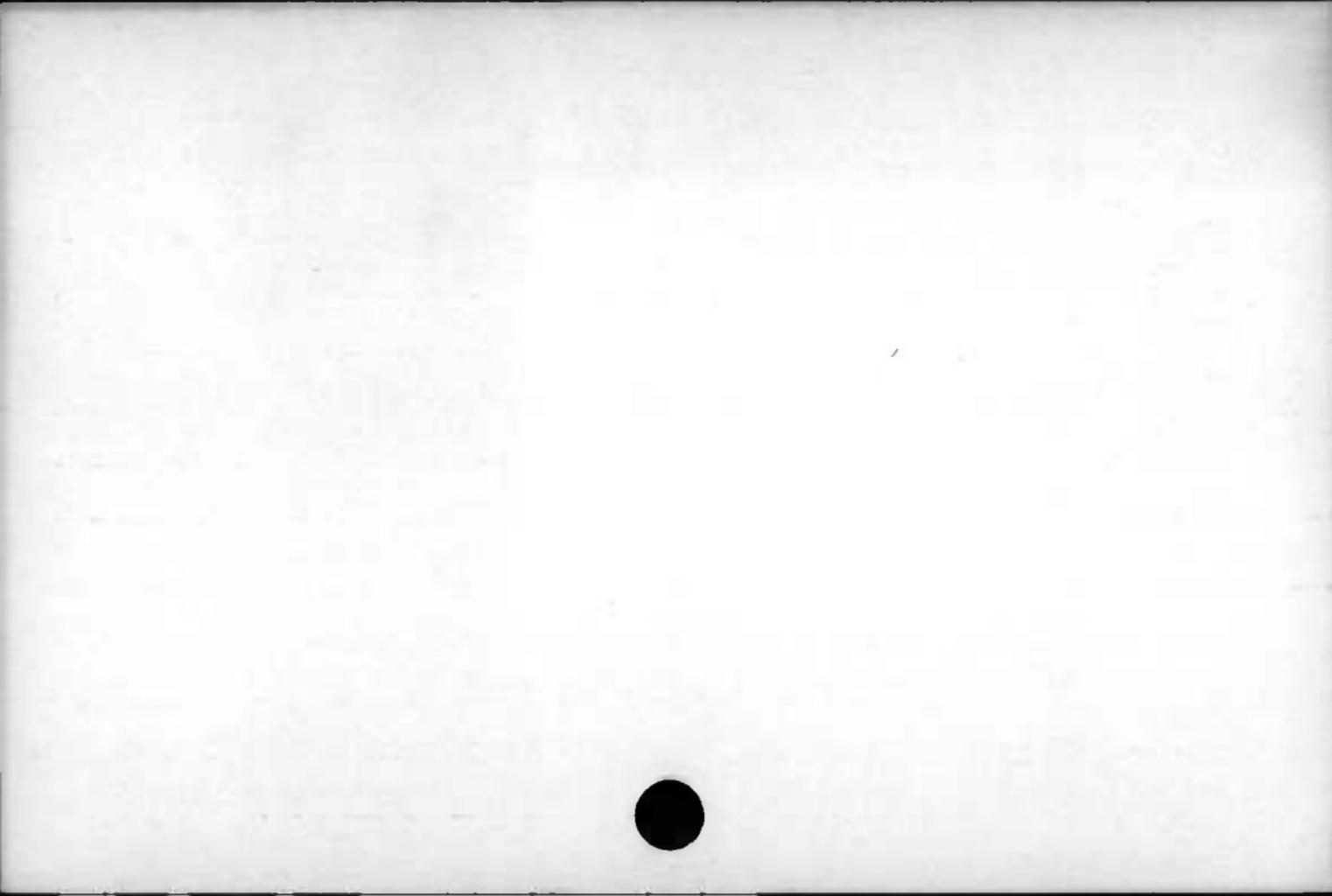
Address



Alfred Kade
Leubensville, Md

Accident or Suicide?

Yes
No



Name
in
Full

Archbishop John J. Kain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
St. Agnes' Sanatorium		Baltimore	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1903.	10	13	62			
Sex	Male	Color or Race	White	Birth- place	Virginia	
Married, Single or Widowed		Occupation		Clerical		
Name of Wife or Husband						
Father's Name	Josephine Kain		64		Father's Birthplace	
Mother's Maiden Name	Ellen Kain				Mother's Birthplace	
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General arteriosclerosis

How long

Immediate

Cerebral hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

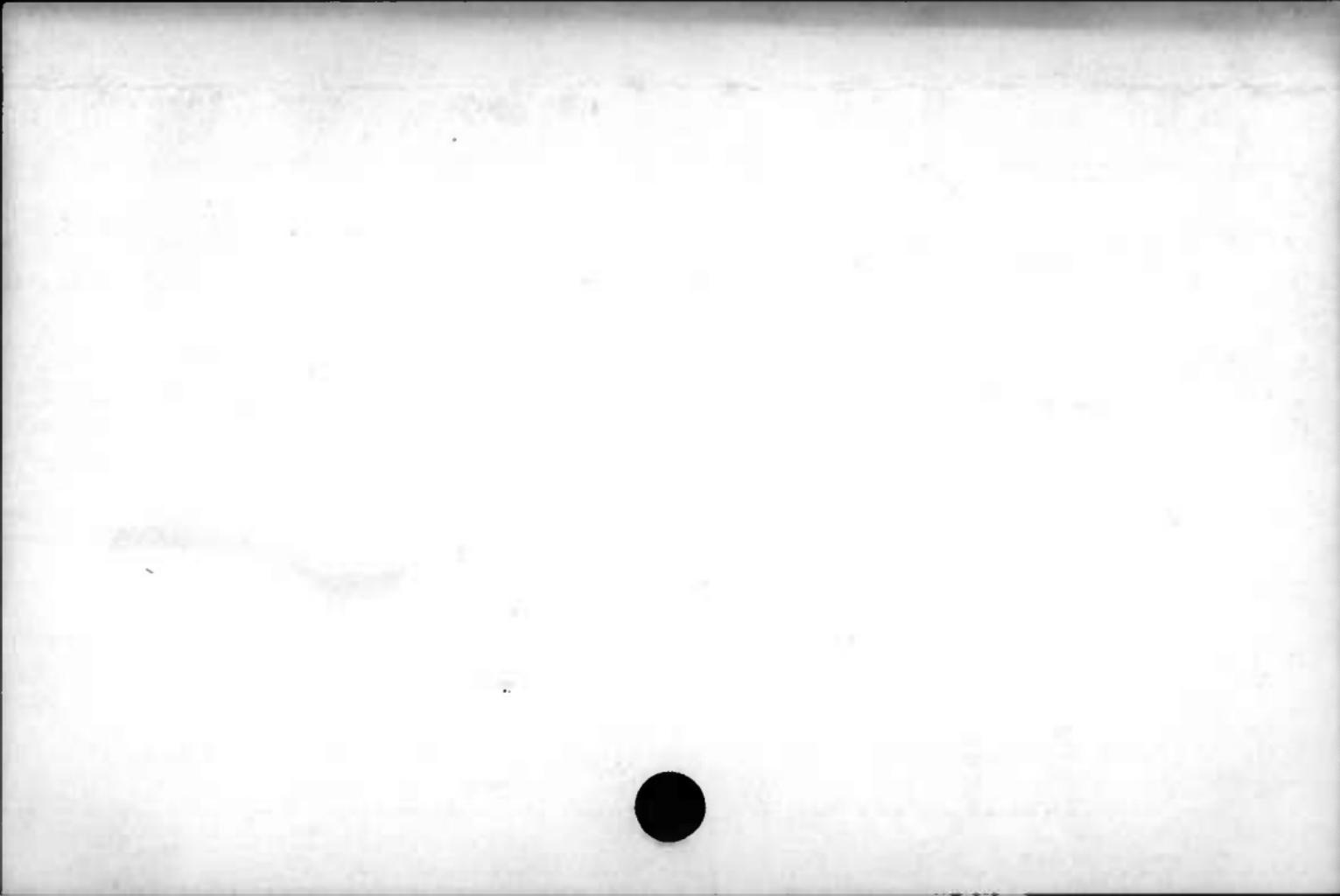
Signature of
Physician

J. T. O'Mara M.D.

Address

St. Agnes' Sanatorium
Baltimore Md.

Accident or Suicide?



Mrs. M. Kelly

Town

County

Died at

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Oct. 13th

Age - 4

Occupation

Date 1907

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mrs. M. Kelly

Mother's
Name

Catherine FitzGowen

Cause of

Primary

Malnutrition

How long sick

Death

Immediate

Malnutrition

Accident, Suicide, Homicide

Reported by

F. G. Edward M. D.

Address

Spurred Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH				
MARYLAND				
Died near Bear & S. Ave		Town	Balto.	County
Date of death	Month	Day	Age	Years
1903	10	20	95	Months Days
Sex female	Color or Race	white	Birth-place	Ireland
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Father or Husband	Lucretia McMurray		
Father's Name	164			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fracture of femur	How long	2 weeks
Immediate	Infirmity incident to old age	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thos. C. Basye.
		Address	@ Texas Med.
Accident or Suicide?			

Be Buried by
Ensor & Pier
at St Joseph Zephos

Name
in
Full

Isaac King

67

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Sunnybrook	Baltimore				
Date of death 1903	Month Oct.	Day 12.	Years Age 92	Months 5-	Days 5-	
Sex male	Color or Race white	Birth-place Chester Co. Pa.				
Married, Single or Widowed Widower	Occupation Farmer					
Name of Wife or Husband						
Father's Name Unknown	Father's Birthplace Unknown					
Mother's Maiden Name "	Mother's Birthplace "					
Name of person giving Information Isaac H. King	How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

How long

Immediate

"

"

How long

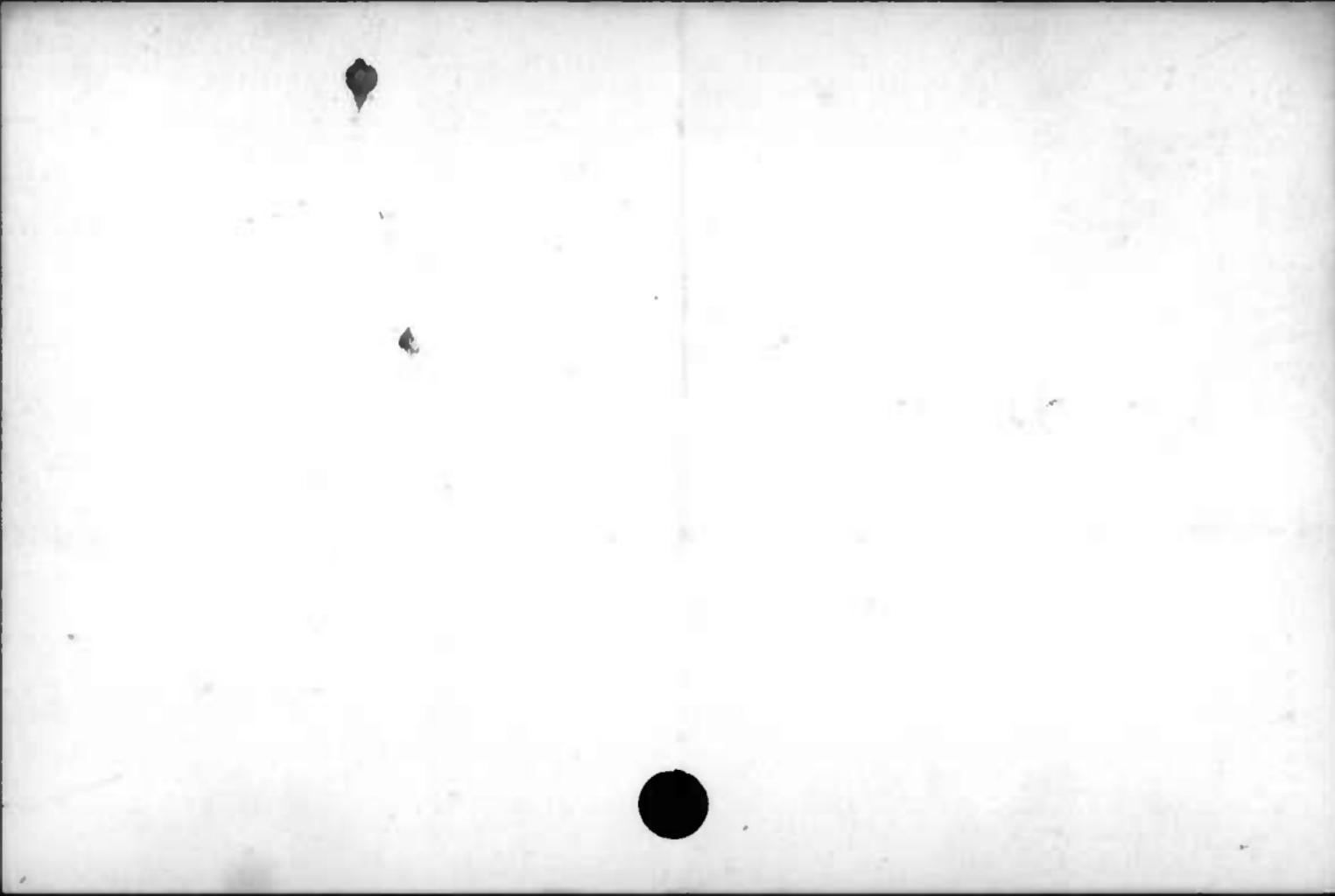
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jno. S. Green
Gittings
Md.

Accident or Suicide?



Name
in
Full

Robert E Kirk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month Oct.	Day 16	Years 67	Months 10 Days 27
Sex Male	Color or Race White	Birth-place Baltimore Md		
Married, Single Widowed	Occupation Married	Retired		
Name of Wife Hartman	Annie T. E Kirk			
Father's Name Robert E Kirk	Father's Birthplace Pennsylvania			
Mother's Maiden Name Not Known	Mother's Birthplace Pennsylvania			
Name of person giving information Samuel E Kirk	How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Cancer of intestines (operation of Colotomy) done about 3 yrs ago	How long 3 1/2 years
	Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. J Hartman
		Address 112 1/2 Caroline St.
Accident or Suicide?		



Name
in
Full

Not Christened

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Carney P. O.	Balto				
Date of death	1903	Month Oct.	Day 26	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	above	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	John W. Klaas		Father's Birthplace	Balto, Md.		
Mother's Maiden Name	Dela G. Zeigenthaler		Mother's Birthplace	"		
Name of person giving information	Father		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syncop.	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Lingard DeWhiteford
	Address	Parserville, Md.
Accident or Suicide?		



Name
in
Full

Adolph Klingelhoefer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Hanover	Baltimore	
Date of death	Month	Day	Years
1903	10	17	59
Age	Months	Days	
Sex	Color or Race	Birth-place	
male	white	Germany	
Occupation	Where Residing if not at place of death	at place of death	
Married, Single or Widowed	Name or Wife or Husband	Mary Klingelhoefer	
Father's Name	Deceased	Father's Birthplace	
Mother's Maiden Name	Deceased	Mother's Birthplace	-
Name of person giving Information	Mary Klingelhoefer	How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic heart disease.	How long	6 yrs.
Immediate	Heart failure	How long	Weekdays
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Jno E Boll
		Address	Hanover
Accident or Suicide?			Md-



Name
in
Full

Elizabeth Knack

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	<i>Jno P. Knack</i>			
Father's Name				Father's Birthplace	<i>10/10/03.</i>
Mother's Maiden Name				Mother's Birthplace	<i>03.</i>
Name of person giving Information	<i>Baltimore Co. Democrat</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

179.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Michael Krisman

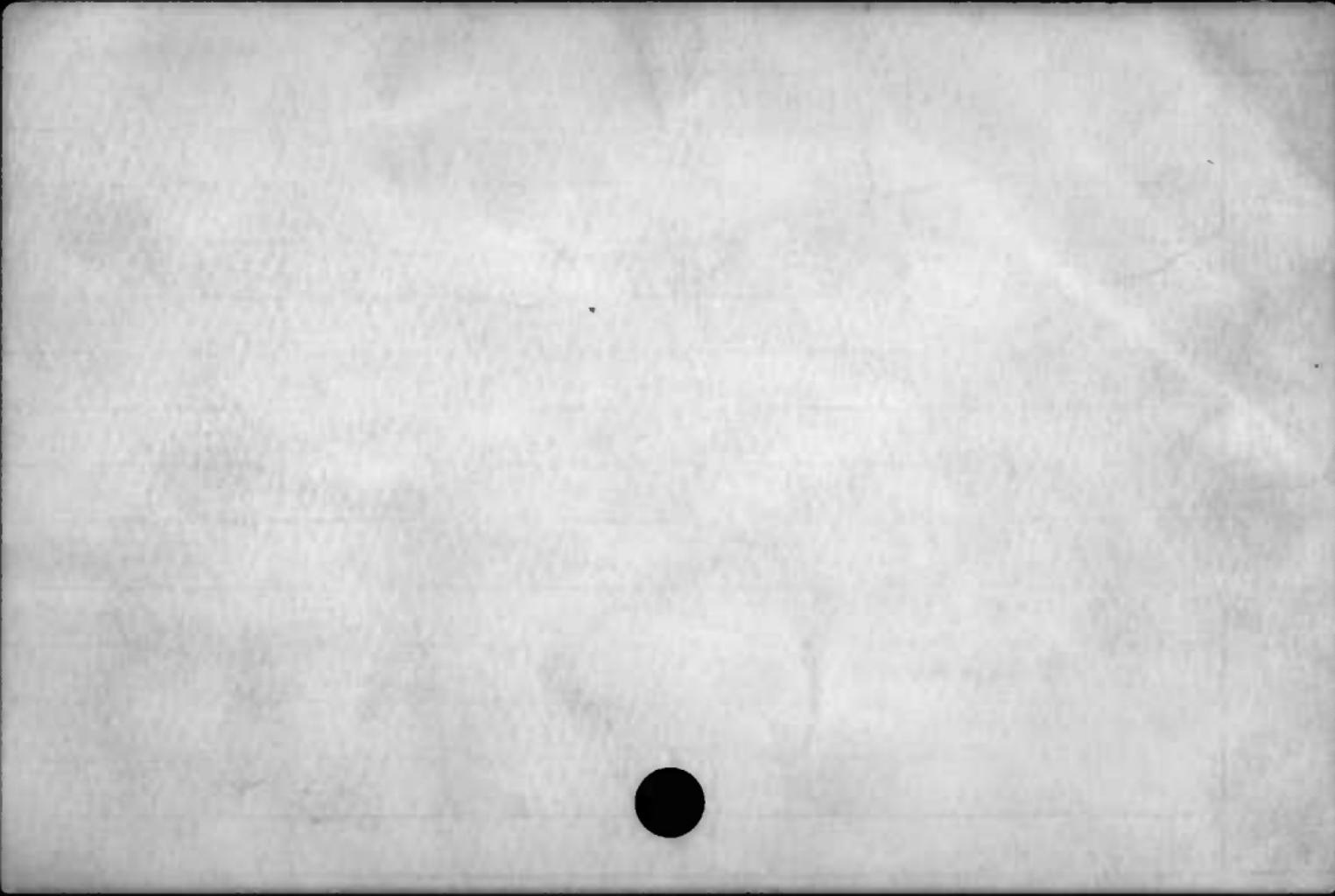
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 19	Month	Day	Age	Years	Months Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed		butcher	Austria		
Name of Wife or Husband					
Father's Name	Isidor Krisman		Father's Birthplace	Austria	
Mother's Maiden Name	Katig Doliner.	2	Mother's Birthplace		
Name of person giving information	Isidor Krisman		How related to deceased	father	

CAUSES OF DEATH

Primary	Influenza	How long
Immediate	Pulmonary Tuberculosis	about 8 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Elizabeth Krach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Nantucket P. O.</u>		County <u>Baltimore</u>		MARYLAND		
Date of death 1903	Month October	Day 6	Age 28	Months 6	Days -	
Sex Female	Color or Race White	Occupation Housewife				
Married, Single or Widowed Married						
Name of Wife or Husband <u>John P. Krach</u>						
Father's Name <u>J. Frank Neidhart</u>					Father's Birthplace	
Mother's Maiden Name <u>Sophia Renter</u>					Mother's Birthplace	
Name of person giving information <u>Wm. D. P. Krach</u>					How related to deceased <u>Sister</u>	

CAUSES OF DEATH

Primary

Typho-Malaria complicated by Fever-Humors Heart

How long

About 4 days

Immediate

Failure of vital forces.

How long

-

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

Lingard Holteford,
Parkeville, Md.

Accident or Suicide?

No



Name
in
Full

Lee, George W.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Died at	Lelandersville	Baltimore			
Date of death 190	Month 3 Oct	Day 12	Age 63	Years	Months Days
Sex	Male	Color or Race	white	Birth-place	MARYLAND
Married, Single or Widowed	Single	Occupation	Carpenter		
Name of Wife or Husband	X				
Father's Name	X		154	Father's Birthplace	X
Mother's Maiden Name	X			Mother's Birthplace	X
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Melancholia		How long	4 mos -
Immediate	Exhaustion,		How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Henry Wade	
		Address	Lelandersville Md	
Accident or Suicide?	No.			



Name
in
Full

Margaretha Leonhardt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month Oct	Day 3 rd	Years Age 37	Months	Days 6
Sex Female	Color or Race	White		Birth-place	Germany
Married, Single or Widowed	Occupation	Houservous		Ig	
Name of Wife or Husband	Frederick Leonhardt				
Father's Name	John George Raab		Father's Birthplace	Germany	
Mother's Maiden Name	Kunigunda Richter		Mother's Birthplace	Germany	
Name of person giving Information	Mary Raab		How related to deceased	Sister	

CAUSES OF DEATH

Primary	Metritis & Pyosalpinx		How long	—
Immediate	Peritonitis		How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Albertus Cotton	
		Address	1828 E. Baltimore	
Accident or Suicide?	Mr		Baltimore	

Sacred Heart Cemetery

Oct. 5th 1903

Germanus France

Under taken

Name
in
Full

Annie Levin -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt. Hope Retreat</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1903 Oct 29</u>	Month <u>Oct</u>	Day <u>29</u>	Years <u>Age 20</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Russia -</u>		
Occupation <u> </u>			Where Residing if not at place of death <u>1135 E. Baltimore St Baltimore</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>					
Father's Name <u> </u>			<u>68</u>	Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>				Mother's Birthplace <u> </u>		
Name of person giving information <u>Reed's Mt. Hope</u>				How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Malaria Acute

How long

about 10 days.

Immediate Six

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Frank J. Flannery
Mt. Hope Retreat
Baltimore Md -

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Frederick Peter Link

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Calverton

County

Baltimore

Date
of death

1903

Month

Oct

Day

1

Years

67

Months

8

Days

12

Sex

male

Color or
Race

white

Birth-
place

Germany

Occupation

Quarryman

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Mary Link

Father's
Name

Peter Link

Father's
Birthplace

Germany

Mother's
Maiden Name

Margaret Krebs

Mother's
Birthplace

"

Name of person giving
Information

Catherine Hahn

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

How long

4 yrs

Immediate

Uraemia

How long

4 weeks

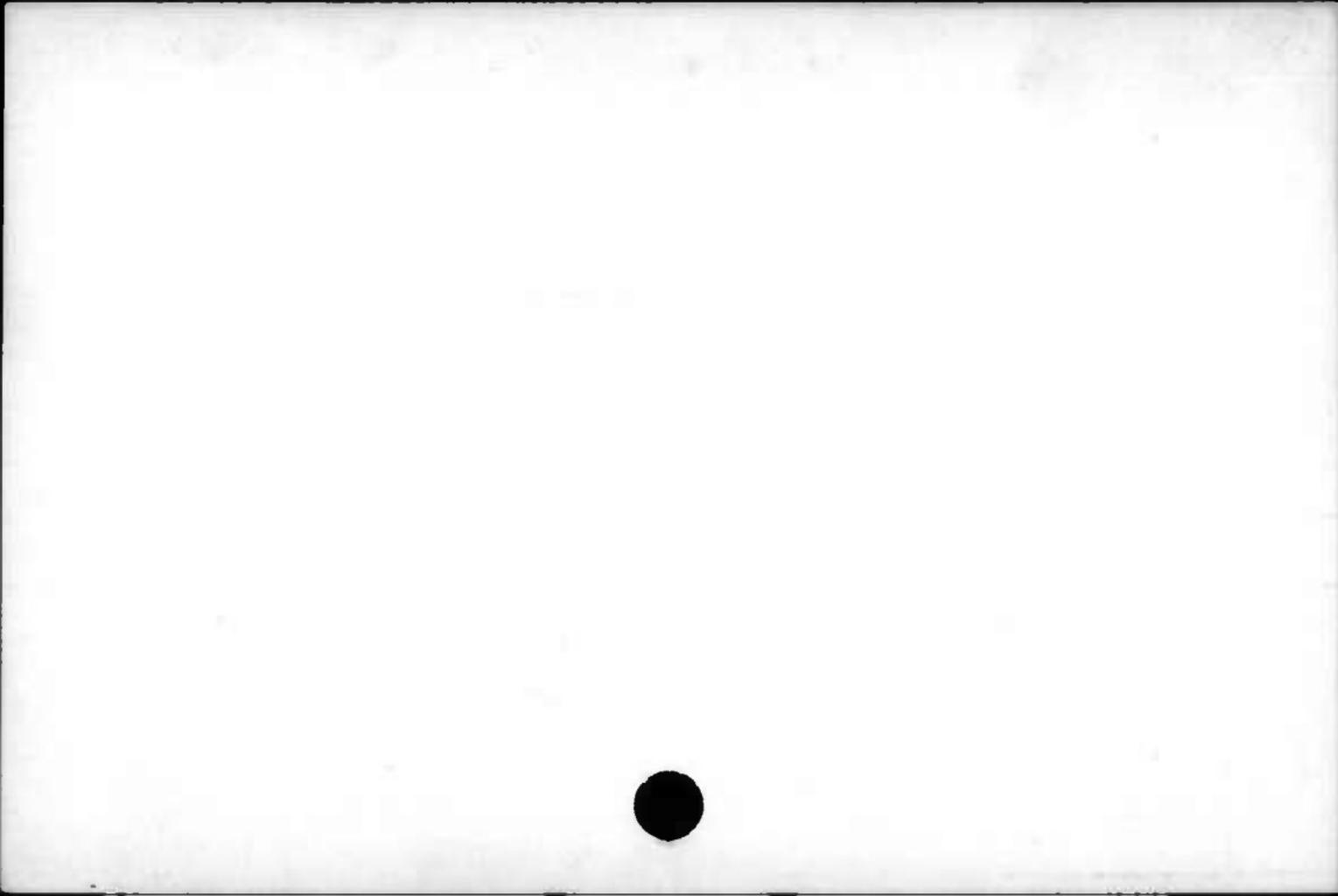
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Charles A. Maltfield
Calverton
Md.

Accident or Suicide?



Name
in
Full

Mrs Lowrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race				
Occupation	Where Residing if not at place of death				
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband				
Father's Name	Not known			Father's Birthplace	Not known
Mother's Maiden Name	J. K.			Mother's Birthplace	Not known
Name of person giving information	Joe Henrix			How related to deceased	Daughter
154					

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Serinity* How longImmediate *acute Indigestion* How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*J. P. Murphy M.D.
Forest Park
Balto.*

Accident or Suicide?

W. Olive
A. S. Mars Hall
3539 Fall Road

Name in Full

Ce tificate of Death

Annie Lynn

Town

County

MARYLAND

Died at

*Granite**Baltimore*

Month Day

Y. M. D.

Native of

Date 19

03 oct 8

Age about 80 yrs

Ind nonf

Female

Colored

Single

Widow

Divorced

Number of children living

2

Husband of

Wife

Father's

Name

Cause of

Primary

apoplexy

How long sick

Death

Immediate

Paralyzed & Coma

4 days

Accident, Suicide, Homicide

Reported by

*D. J. Murphy and**Isaacs and*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Sister Teresa M. Faust					CERTIFICATE OF DEATH		
Died at		Town	County	Baltimore		MARYLAND	
Date of death 1903	Month X	Day XII	Years 62	Months	Days		
Sex Female	Color or Race White	Occupation Religious		Birth-place Baltimore			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Endocarditis
Pinto Dilatation

How long

Immediate

How long

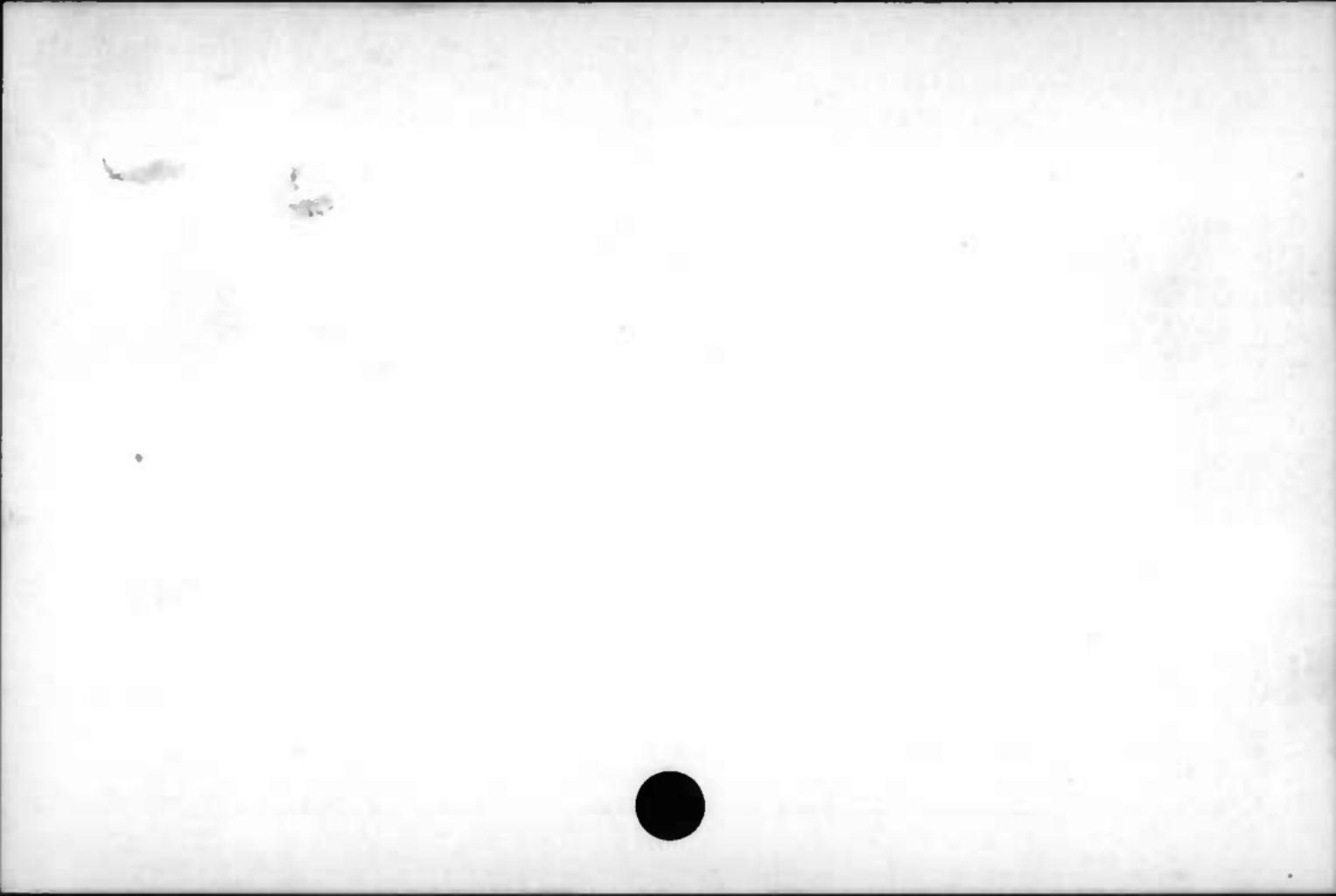
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thomas P. Keown MD
1930 Linden Ave.
Per S.J.

Accident or Suicide?



Name in Full

Certificate of Death

Dr. Mary Magdalene McGivin

Died at Town County MARYLAND
McWashington, Baltimore.Date 1903 Month Day Y. M. D. Native of Occupation
Oct. 1st 53. Washington, D.C. Dr. Money.
Male White Married Widow
Female Colored Single Widower Divorced
Number of children living

Husband of

Wife

Father's Name

Cause of

Primary

Tub. Tuberculosis.

Death

Immediate

Asthma

Reported by

William J. Todd

Address

Mr. Washington Ald.

Mother's Maiden Name

Collie
Eliza Jane Dolley
How long sick
13 years.

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Virginia S. Marley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Govandown.		Town	County Baltimore		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1903	October	27	Age 43	11	3	
Sex Female	Color or Race	white		Birth-place	Baltimore	
Occupation	Where Residing if not at place of death 167. magnolia ave Jersey City					
Married, Single or Widowed	Married	Name of Husband	Crawford Marley			
Father's Name	Robert S. Beauchamp					
Mother's Maiden Name	Mulliken 20					
Name of person giving information	Crawford Marley					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

How long

Chronic -

Immediate

Exhaustion.

How long

3 wks.

Are the name, age, sex, color, date and place correctly given above?

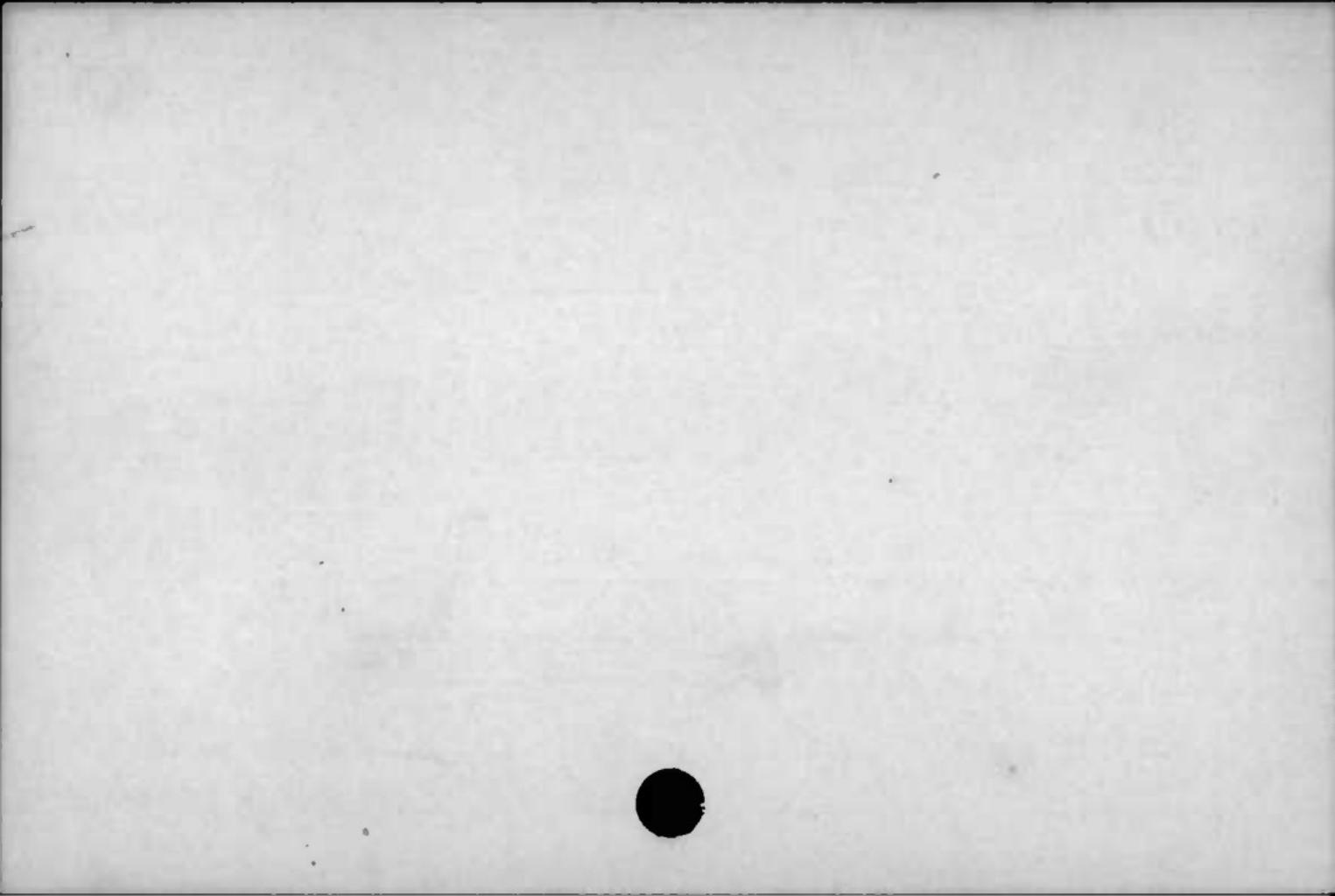
Yes

Signature of Physician

Address

Geo H. Hobson,
Govana, Sta. Cr.
Baltimore Md.

Accident or Suicide?



Name
in
Full

Mrs. Mary Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		
Date of death 1903,	Month 10	Day 31	Years 30	Months	Days
Sex Female	Color or Race	White		Birth-place	Baltimore
Married, Single or Widowed	Occupation		None		
Name of Wife or Husband					
Father's Name					
Mother's Maiden Name					
Name of person giving Information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long
Immediate Exanthem How long

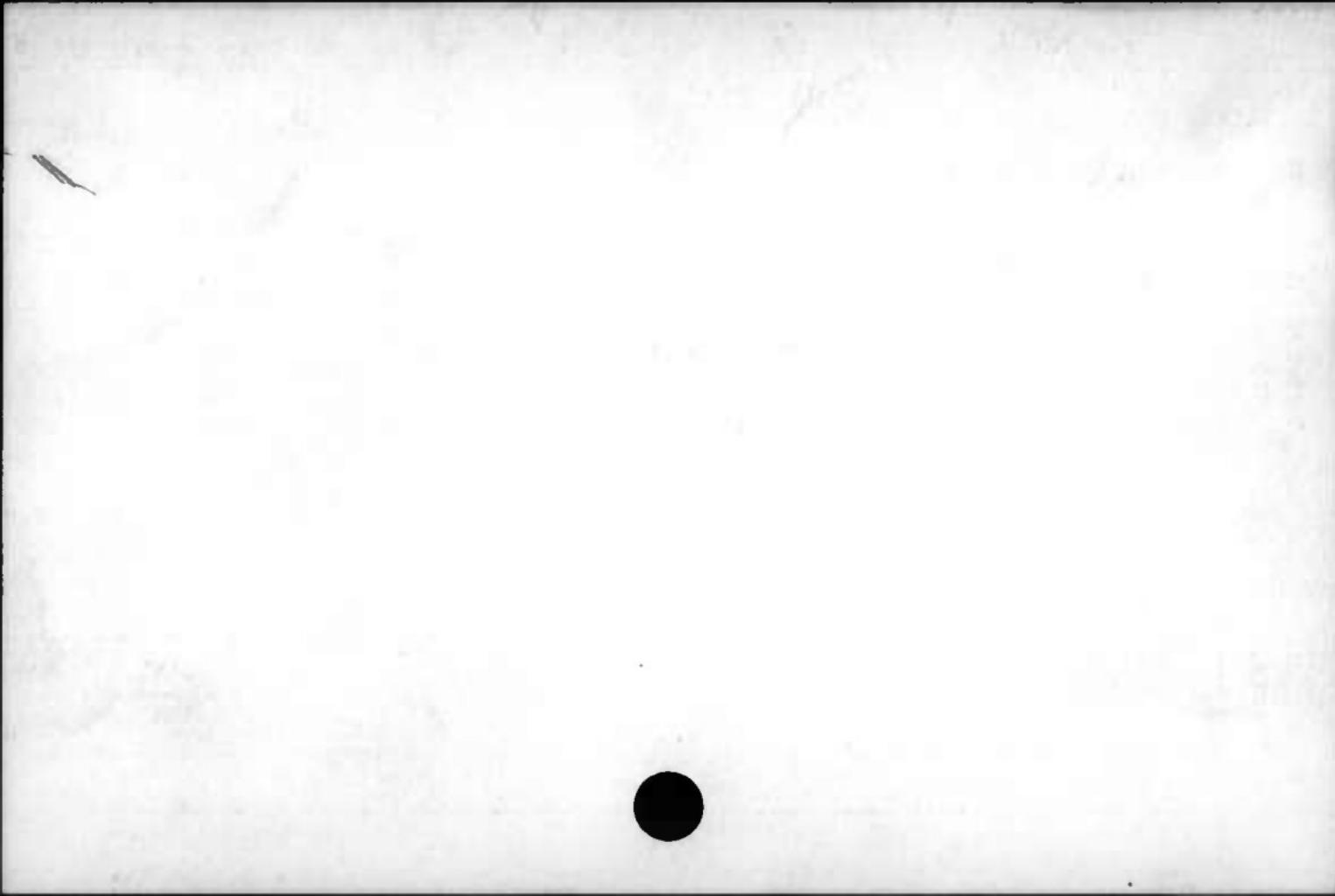
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. T. Mass M.D.
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Elizabeth P. Mekham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Baltimore

MARYLAND

Date
of death

1903

Month

Oct

Day

9

Years

66

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name or Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

The Balt A Union

How related
to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Mary Myers

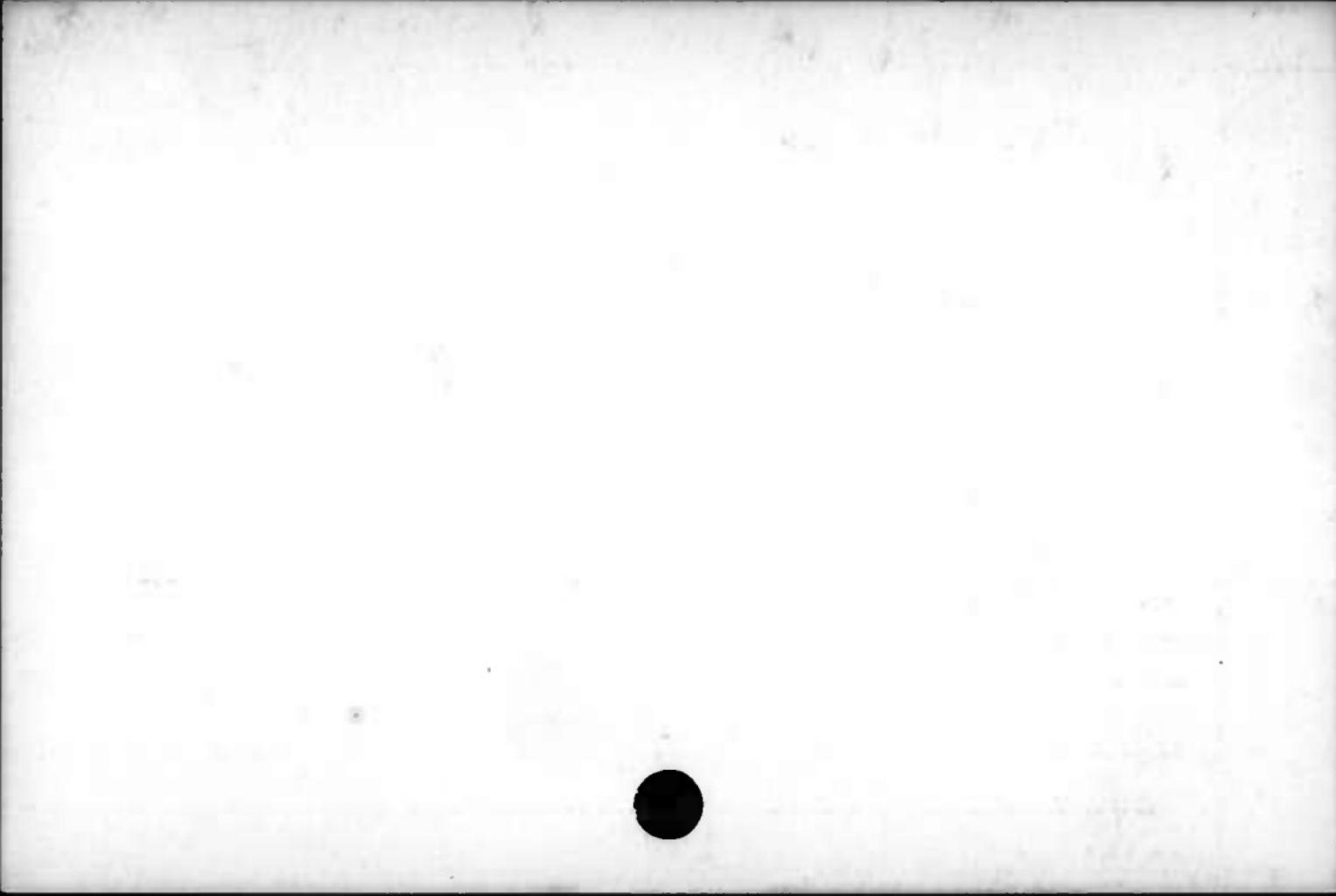
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Gardenville	Balto.			
Date of death 190	Month Oct.	Day 27	Age 19	Years	Months Days
Sex	Female	Color or Race	White	Birth- place	Balto. City
Married, Single or Widowed	Single	Occupation		none	
Name of Wife or Husband					
Father's Name	August Myers		27		Father's Birthplace
Mother's Maiden Name	Catherine McCamley				Mother's Birthplace
Name of person giving Information	Fasher				How related to deceased

CAUSES OF DEATH

Primary	Pulmonary Phthisis	How long	9 months.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. F. Cose
		Address	Gardenville
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>John August Miller.</i>						CERTIFICATE OF DEATH	
Died at	Town	County					
<i>Baltimore</i>	<i>Baltimore</i>						
Date of death 1903	Month	Day	Years	Months	Days		
		<i>Oct. 11 Sunday</i>	<i>32</i>	<i>7 6</i>	<i>11</i>		
Sex	Male	Color or Race	Occupation	Birth- place			
Married, Single or Widowed	<i>married</i>	<i>white</i>	<i>baker maker</i>	<i>Philadelphia</i>			
Name of Wife or Husband	<i>Katie P. Miller</i>						
Father's Name	<i>August Miller</i>						
Mother's Maiden Name	<i>Mary Ruth</i>						
Name of person giving Information	<i>Katie P. Miller</i>						
CAUSES OF DEATH							
Primary	<i>Cataract of Stomach</i>				How long	<i>over month</i>	
Immediate	<i>acute Indigestion</i>				How long	<i>two hours</i>	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<i>Joe Gless, M.D.</i>		
				Address	<i>STATION H, (GOVANS), BALTIMORE, MD.</i>		
Accident or Suicide?							

PHYSICIAN
OR CORONER

Western Cem
Baltimore City

Dr. Rich
Johnson

Name
in
Full

Edward Moale Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Catonsville	Baltimore			
Date of death 190	Month Oct.	Day 23	Age 37	Months 1	Days 13
Sex Male	Color or Race White	Birth-place Little Rock Ark.			
Married, Single or Widowed	Occupation	Married Naval Officer			
Name of Wife or Husband	Adria M. Temple Moale 68				
Father's Name	Edward Moale 68				
Mother's Maiden Name	Jeanie Wilson 60				
Name of person giving information	Adria Moale				
How related to deceased wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Maniacloria	How long	several months
Immediate	Exhaustion from maniacloria	How long	about 3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Richard F. Caudry M.D.
		Address	Catonsville Md.
Accident or Suicide?			

Don Patterson.

Name
in
Full

Cassandra C. Monk

CERTIFICATE OF DEATH

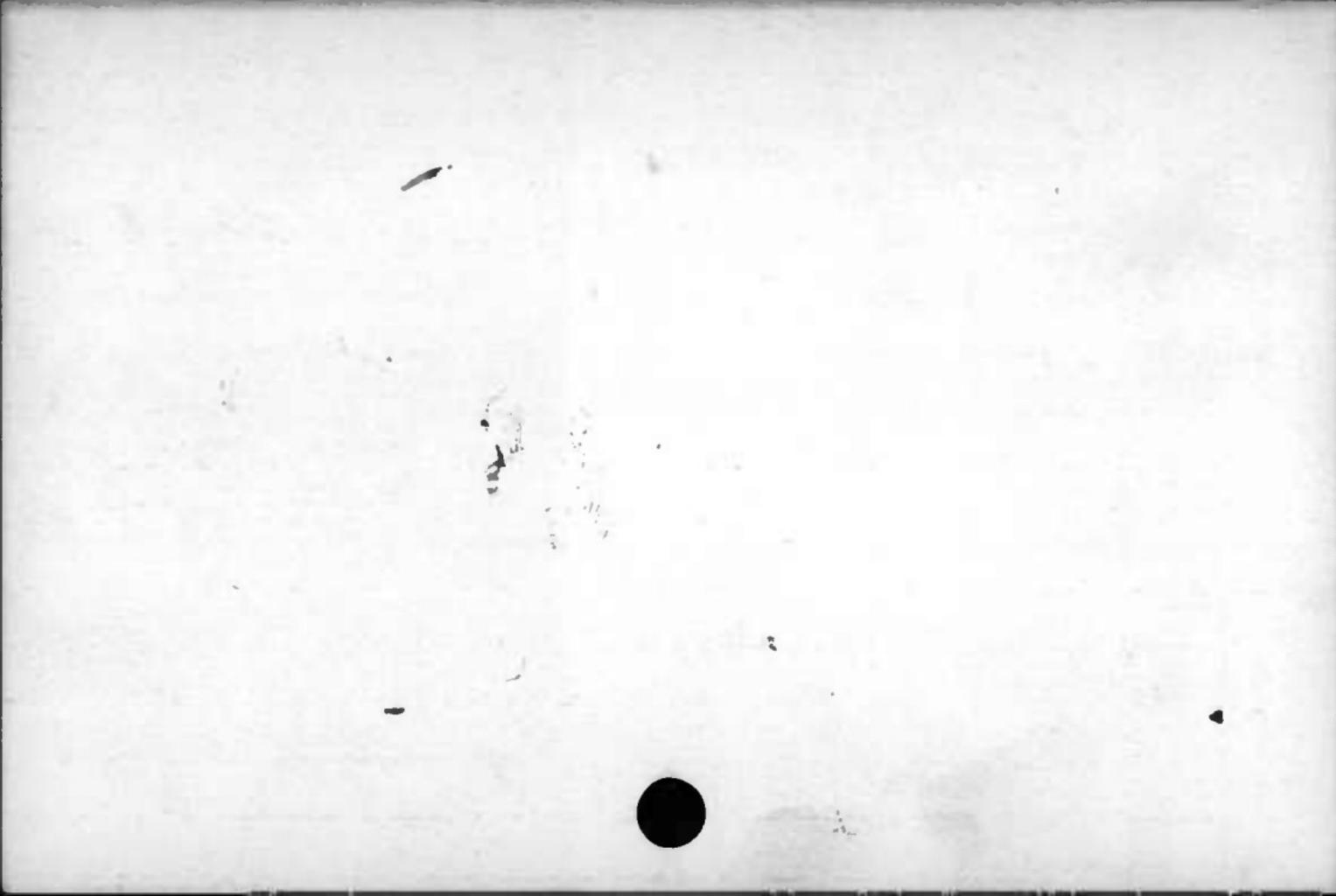
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Oct.	Day 4	Age 68.	Years	Months Days
Sex Female	Color or Race white	Birth-place Maryland			
<u>Married, Single or Widowed</u>	Occupation Single	mauve			
Name of Wife or Husband					
Father's Name	William C. Monk		Father's Birthplace	and	
Mother's Maiden Name	Davuah P. Armstrong		Mother's Birthplace	and	
Name of person giving Information	George J. Connor		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORoner

Primary	Paralysis	How long	2 months
Immediate	11	How long	20 minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A.C. Gedney M.D.
		Address	156 Milton Ave
Accident or Suicide?	no		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Daniel B Moore					CERTIFICATE OF DEATH		
Died at	Town			County	MARYLAND		
Date of death 1903	Month Oct.	Day 18	Age 34	Years	Months	Days	
Sex Male	Color or Race White			Birth-place	Rockville		
Occupation Carpenter	Where Residing if not at place of death			Rockville			
Married, Single or Widowed	Name or Name of Husband						
Father's Name	Cornelius Moore		Father's Birthplace				
Mother's Maiden Name	Mary Buckley		Mother's Birthplace				
Name of person giving Information	Mary Moore		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Alcoholism

56

How long

Immediate

Diarrhea

How long

Second day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D. T. Burrey
Texas M.D.

Accident or Suicide?

Interned at Joyce Cemetery
Tucson Oct 21st

M. C. Brooks

Name
in
Full

Genevieve Mosberger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month Oct	Day 2 nd	Years	Months	Days
Sex Female	Color or Race	Subsidiary		Birth-place Balto. Co. Md.	
Married, Single or Widowed	Occupation		None		
Name of Wife or Husband					
Father's Name	Joseph Mosberger				
Mother's Maiden Name	Genevieve Weigert				
Name of person giving Information	Joseph Mosberger				
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

Mary L. Swayar
824 S. Carroll St.
Midwives

Sacred Heart Cemetery

Oct. 3rd 1903

Gerrisimus Thane

undertaker

Henrietta Brooks Math.

Died at **Hightown** Town **Baltimore** County MARYLAND

Date 1903, Month Oct. 14 Day 14 Age 40 Sex 7 I Native of Va. Occupation Housewife
Marital Status White Married Widower Divorced

Female Colored Single White Number of children living

Husband of John Stevens Smith.

Father's Name Eli Patterson Mother's Maiden Name Fannie Brooks,
Name John How long sick 1 month

Cause of Primary Pulmonary + Laryngeal Tuberculosis. 5 yrs.

Death Immediate Ex-Daestion. Accident, Suicide, Homicide

Reported by Richard H. Rochester.

Address 819 Park Ave., ● Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mamie Cootz, Iffan
Lauden Post.

Name
in
Full

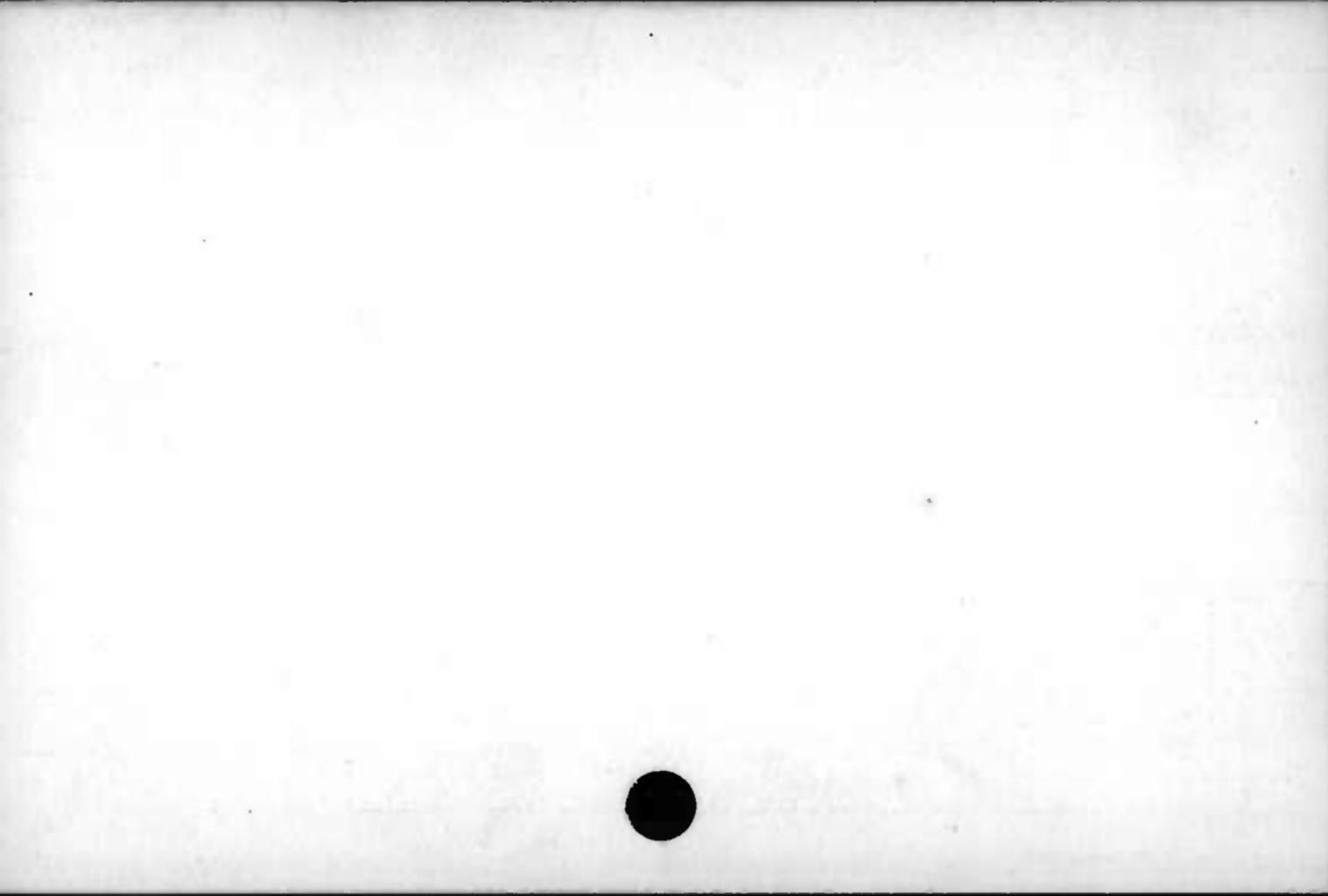
To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Canton	Baltimore			
Date of death 1903	Month Oct.	Day 91	Age 21	Years	Months Days
Sex Male	Color or Race Colored	Birth-place Va.			
Married, Single or Widowed	Occupation Laborer				
Name of Wife or Husband					
Father's Name	Wilson Myers			Father's Birthplace	Va.
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Frank Myers			How related to deceased	Bro.

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Sab, Pulmonary	How long	2 mos
	Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C.V. Myers	
		Address	2 Hudson St. S.	
Accident or Suicide?				



Name
in
Full

Elizabeth Newhauser

68

CERTIFICATE OF DEATH

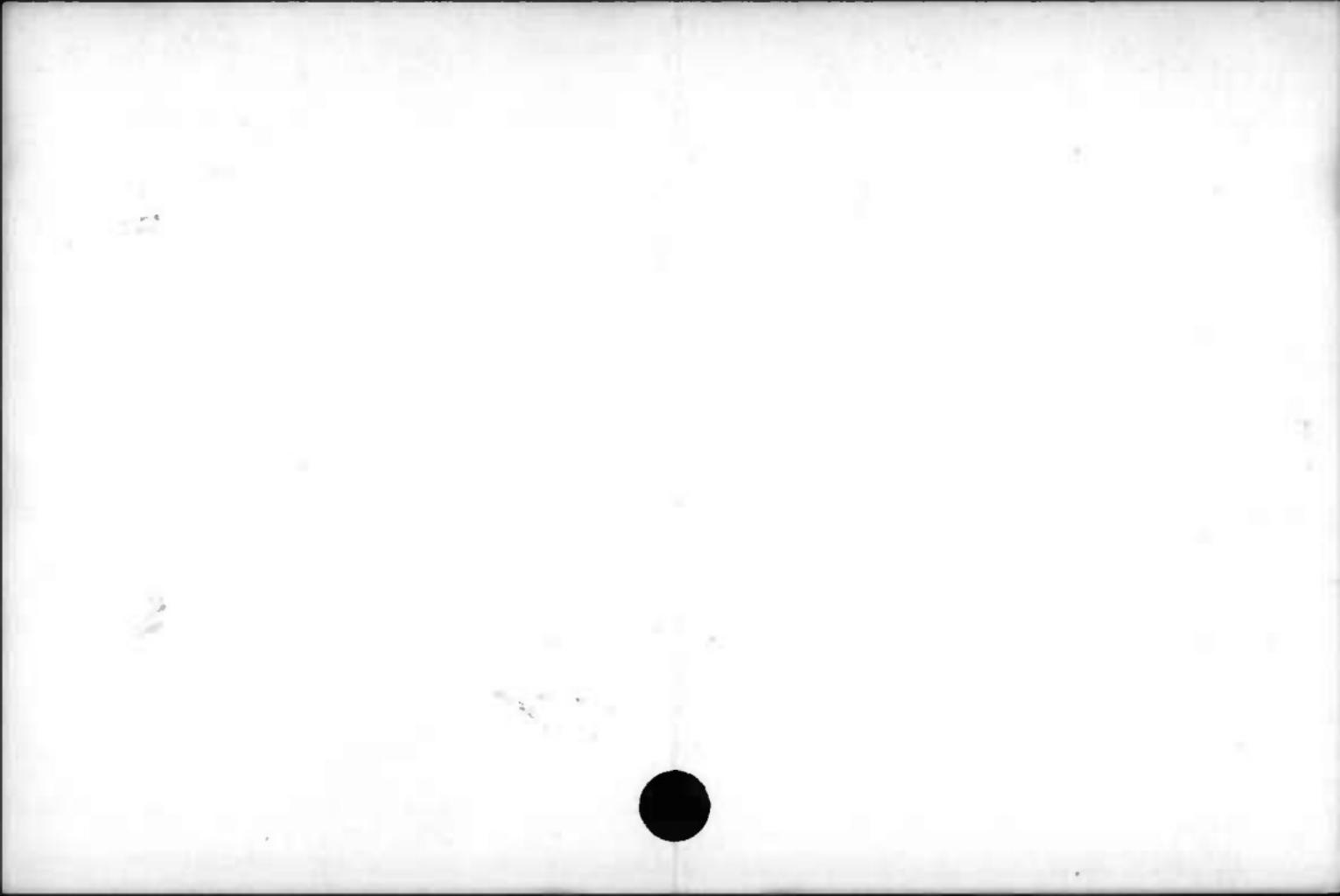
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	68	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Christopher Newhauser			
Father's Name	John Mart	Unknown			
Mother's Maiden Name	Elizabeth Kutz	Penn.			
Name of person giving information	Jonathan Newhauser	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	5 years more
Immediate	"	How long	" " "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/>		J.W. S. Green, Baltimore, Md.	



Name
in
Full

Arthur B. Aglesby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Spurred Point.	Baltimore.				
Date of death 1903	Month Oct.	Day 27	Age	Years	Months	Days
Sex Male	Color or Race	White	Birth-place	Spurred Point.		
Married, Single or Widowed	Occupation		None			
Name of Wife or Husband						
Father's Name	Arthur B. Aglesby.		Father's Birthplace	Pa.		
Mother's Maiden Name	Lillian Matese.		Mother's Birthplace	Pa		
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suicide

How long

24 hours.

Immediate

Suicide

How long

Are the name, age, sex, color, date and place correctly given above?

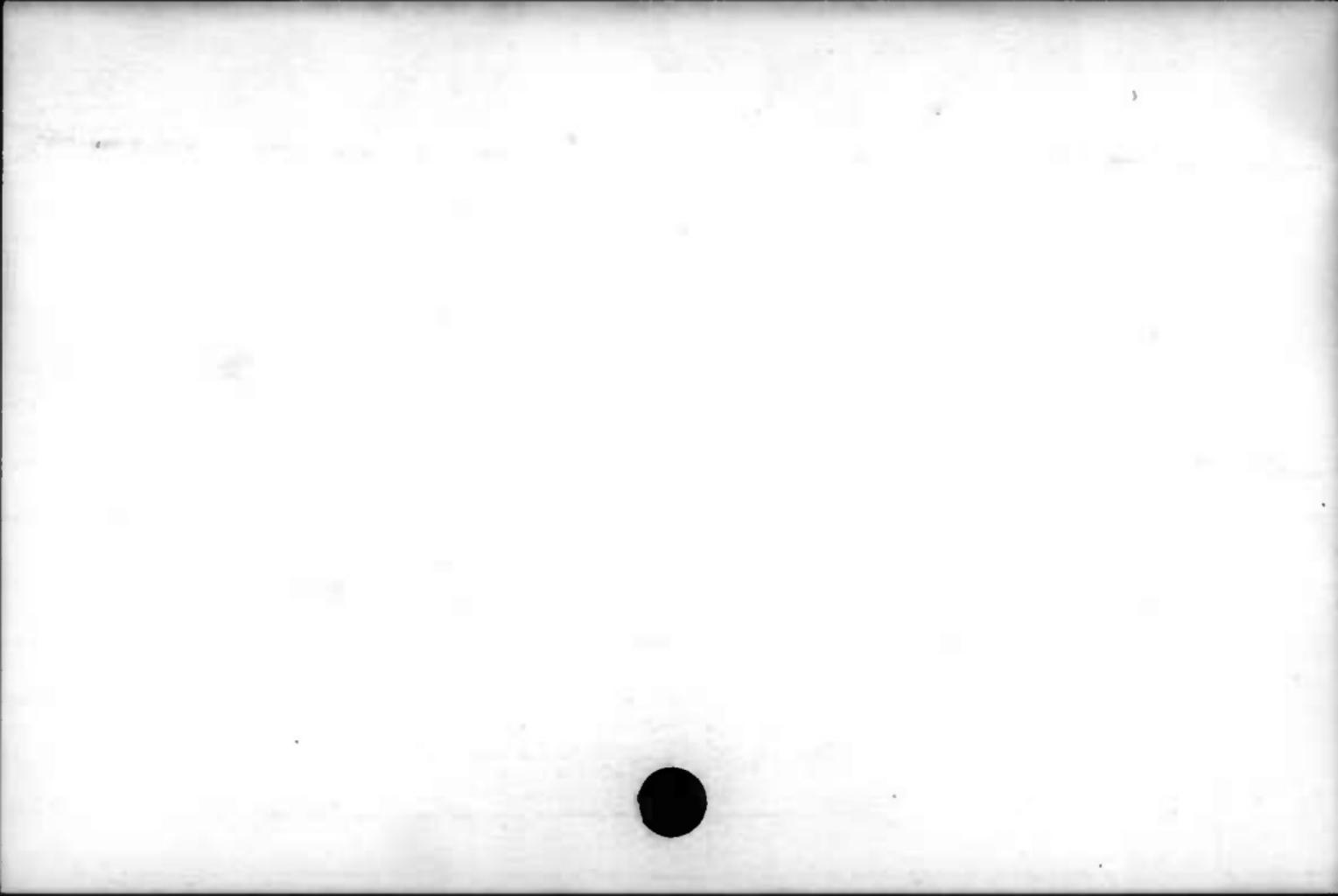
yes

Signature of Physician

Address

J. C. Eldred M.D.
Spurred Point

Accident or Suicide?



No name

Town County
Died at St Denis Baltimore MARYLAND

Died at	<u>1903</u>	Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		<u>Oct</u>	<u>24</u>	<u>all town</u>				
Male		White		Married		Widow	Divorced	
Female		Colored		Single		Widower	Number of children living	<u>5</u>

Husband of

Wife

Father's Name

Venient Ondolby

Mother's Name

nable Ondolby

Cause of

Primary

still born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Arthur Williams

Address

Elk Ridge  Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from _____

of _____

No name		O'malley							
Town	St Denis	County	Baltimore						
Died at									
Date 19	Month	Day	1705	Y.	M.	D.	Native of	MARYLAND	
	Oct	24					2d		
Male	White	Age	1705					Occupation	
Female	Black	Married		Widow	Divorced				
Husband of									
Wife									
Father's Name	Vincent O'malley		Mother's Maiden Name						
Cause of Death	Primary	Still Born				How long sick			
Death	Immediate							Accident, Suicide, Homicide	
Reported by	Coronan & Gill Undertakers								
Address	Elk Ridge, Md								

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

attended by Dr William
Elk Ridge

Name
in
Full

Charles Henry Padgett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore, County		MARYLAND	
Date of death 1903	Month Oct.	Day 29	Years ~	Months 9	Days 3
Sex Male	Color or Race White	Birth-place Balto. Co. Md.			
Married, Single or Widowed single	Occupation None				
Name of Wife or Husband					
Father's Name George S. Padgett	106 Father's Birthplace N. C.				
Mother's Maiden Name Ella Cramer	Mother's Birthplace N. J.				
Name of person giving Information George S. Padgett	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastr. Enteritis		How long	6 weeks
Immediate	Embolism		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. V. Blaney	
		Address	2 Branson St.,	
Accident or Suicide?				

Mount Carmel Cemetery

Oct. 31st 1903

Germans vs France

Undertaker

Name
in
Full

Thos Kettle Pearson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

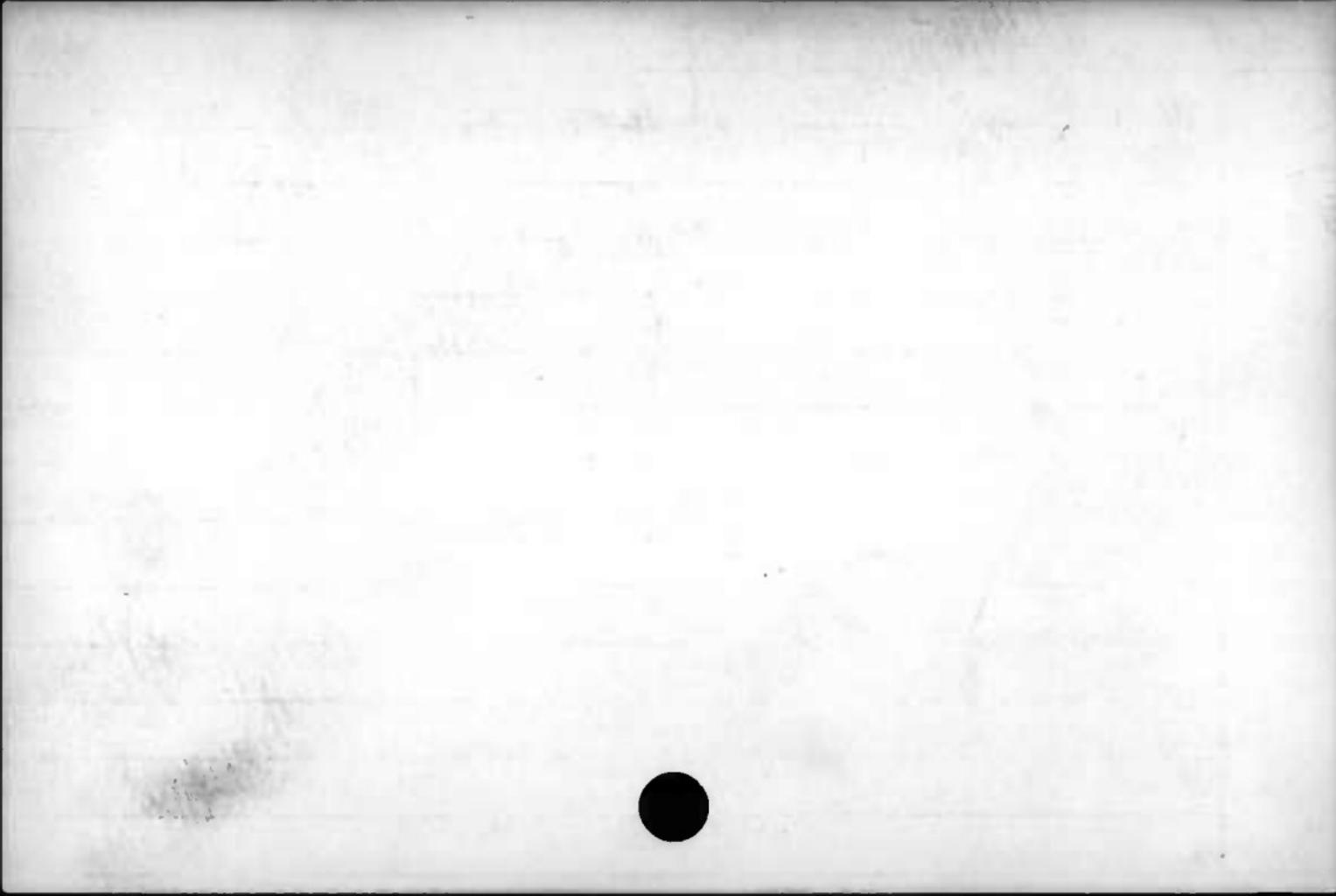
Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	Death-place
Married, Single or Widowed	Occupation				
Name of Wife or Husband	105				
Father's Name	Henry Pearson				
Mother's Maiden Name	Laura Anna Treadle				
Name of person giving information	Dr. St. K. Scoring.				

PHYSICIAN
OR CORONER

Th Pearson

CAUSES OF DEATH

Primary	Emphy - Colitis.	How long	3 weeks
Immediate	Coughing.	How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Dr St. K. Scoring.
		Address	Sta St. Baltimore Md
Accident or Suicide?			



Name
in
Full

Mary Francis Pitts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Oct	Day 8	Years 2	Months 3	Days -
Sex Female	Color or Race Colored	Occupation	Birth-place	Chesapeake	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Lily Pitts	27	Father's Birthplace	Chesapeake	
Mother's Maiden Name	Augie Pitts	27	Mother's Birthplace	Chesapeake	
Name of person giving information	Richard Brown		How related to deceased	No relation	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Tuberculosis

How long

9 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

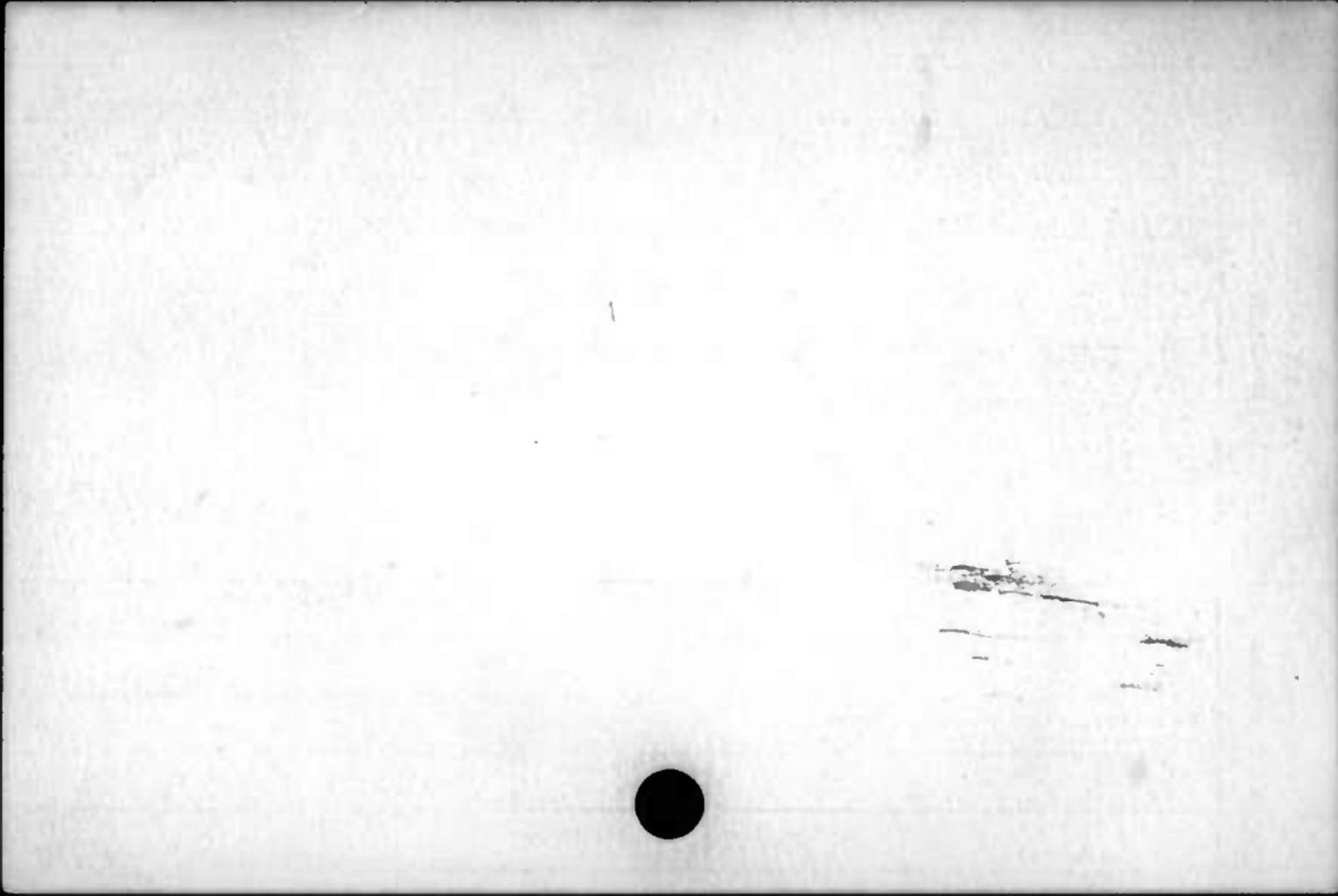
yes

Signature of Physician

Address

C. T. Mace
Rossview Md

Accident or Suicide?



Name In Full

Certificate of Death

Catherine Price
Plumbolis Salt

MARYLAND

Died at

Date 19

Male

Female

Month Day

White

Colored

Age
Married

Single

M. D.

Widow

Widower

Native of
Md.

Divorced

Occupation
Housewife

Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Samuel M. Price
Samuel Price Mother
Samuel Cooper Maiden Name
Acute Indigestion How long sick
Uraemic Coma 7 hours
F. G. Mitchell Accident, Suicide, Homicide
Verona, P.Q.
Md.

Gum powder Trinity
burying ground
Oct 21st

Obey your duty
W.C. Banks

Name
in
Full

Augustine Nicholas Renter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1903	Month Oct.	Day 8	Years 80	Months 2	Days 8	
Sex male	Color or Race white	Occupation butcher	{ Birthplace Michaelstadt Hess Darmstadt Germany			
Married, Single or Widowed married						
Name of Wife or Husband dorothea Augusta Renter						
Father's Name Jacob Renter				{ Father's Birthplace Hess Darmstadt		
Mother's Maiden Name Suzanna Werner				{ Mother's Birthplace Hess Darmstadt		
Name of person giving information Jacob Renter				Germany son		
How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	2 years
Immediate	Hætemesis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thos. H. Emory Jr.
		Address	Hess, Ind.
Accident or Suicide?	no		



Name
in
Full

Annie M Reinhardt

CERTIFICATE OF DEATH

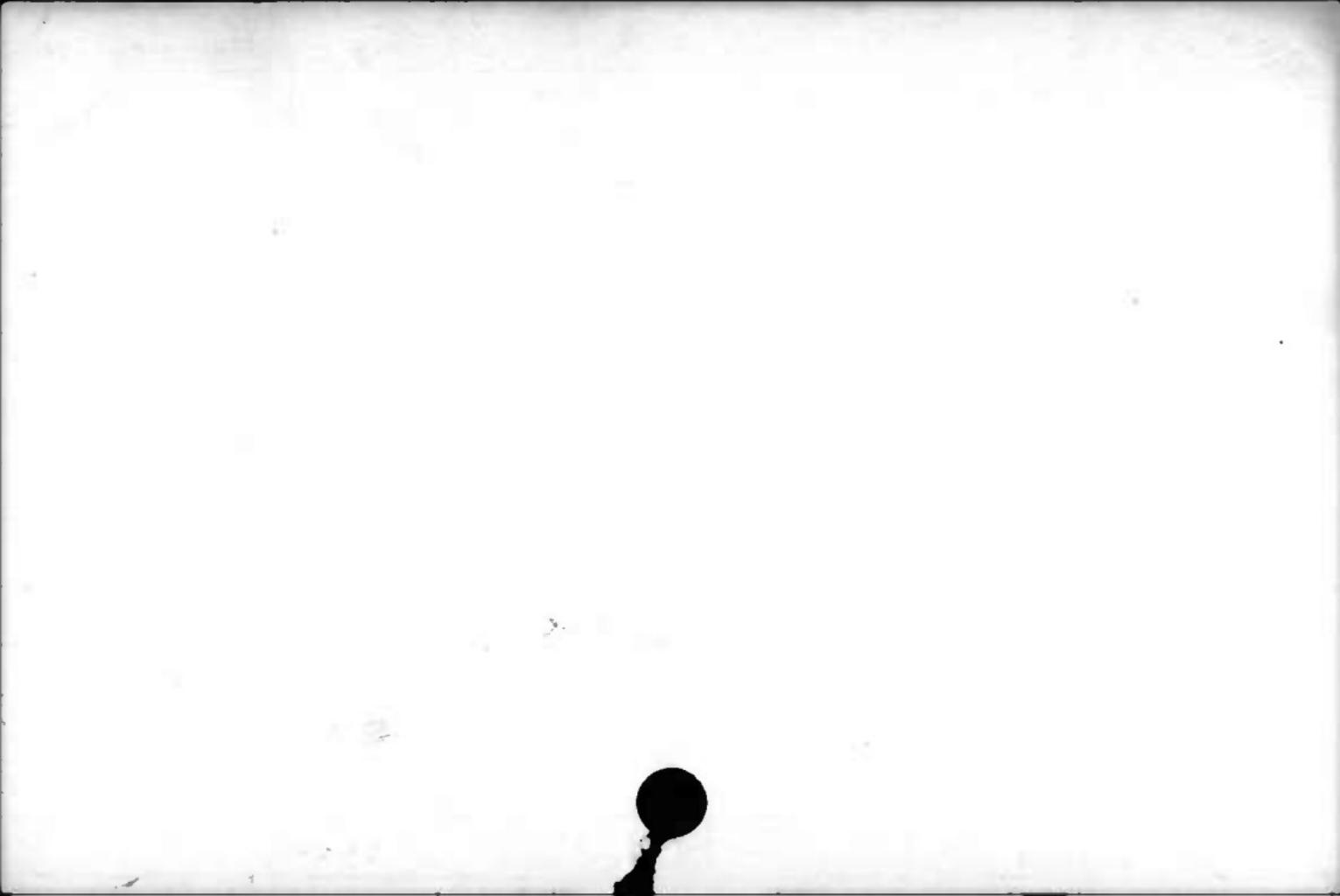
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Oct	Day 13	Age —	Years —	Months 4
Sex Female	Color or Race white	Birth-place Md	Days 7		
Married, Single or Widowed	—	Occupation			
Name of Wife or Husband	—				
Father's Name	Ges Reinhardt	105	Father's Birthplace	Md	
Mother's Maiden Name	Emmee E Worsley		Mother's Birthplace	Md	
Name of person giving information	Ges Reinhardt		How related to deceased	Fathers	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	one day
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John H. Hansen Md
		Address	200 W. Pratt St
Accident or Suicide?	no		



Name
in
Full

Margaret C. Remminder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Rossview	Baltimore		Months	Days	
Date of death 1903	Month Oct	Day 6 ^d	Years 50	Age	
Sex Female	Color or Race White	Birth-place Germany			
Married, Single or Widowed	Never married	Occupation			
Name of Wife or Husband	J. Henry Remminder				
Father's Name		154	Father's Birthplace	Germany	
Mother's Maiden Name			Mother's Birthplace	"	
Name of person giving information	Mrs H Remminder		How related to deceased	daughter by birth	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

How long

3 months

Immediate

How long

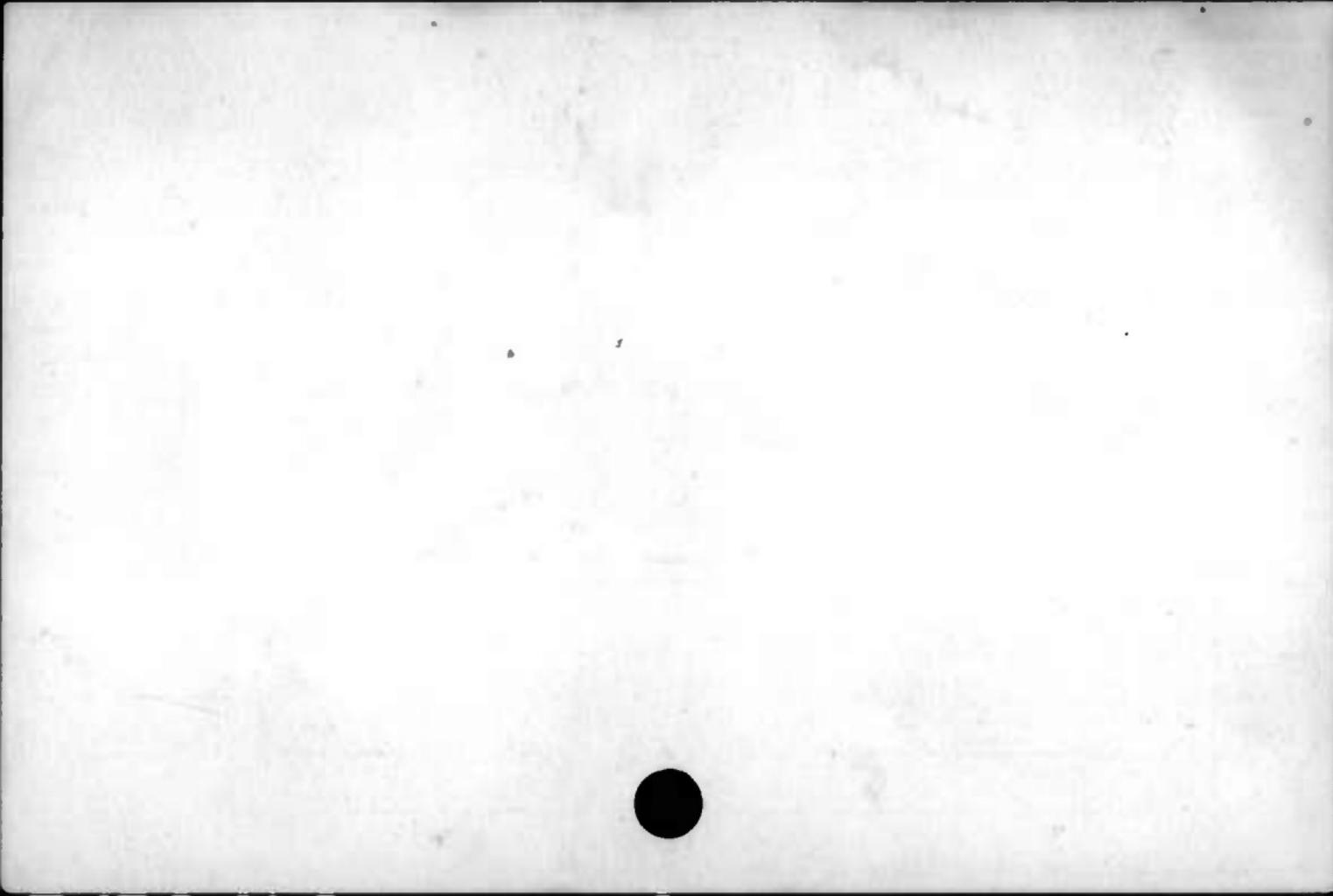
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. Remminder
Rossview Md

Accident or Suicide?



Mary Rogan

Died at	Town	Sparrrows Point.	County	Baltimore	MARYLAND
Date 1893	Month Oct.	Day 4 th	Age 19	M. F.	Native of N.d.
Male		White	Married	Widow	Occupation House wome
Female		Cultored	Single	Widower	Number of children living

Husband of _____

Wife

Father's Name

Cause of Death

Death

Reported by

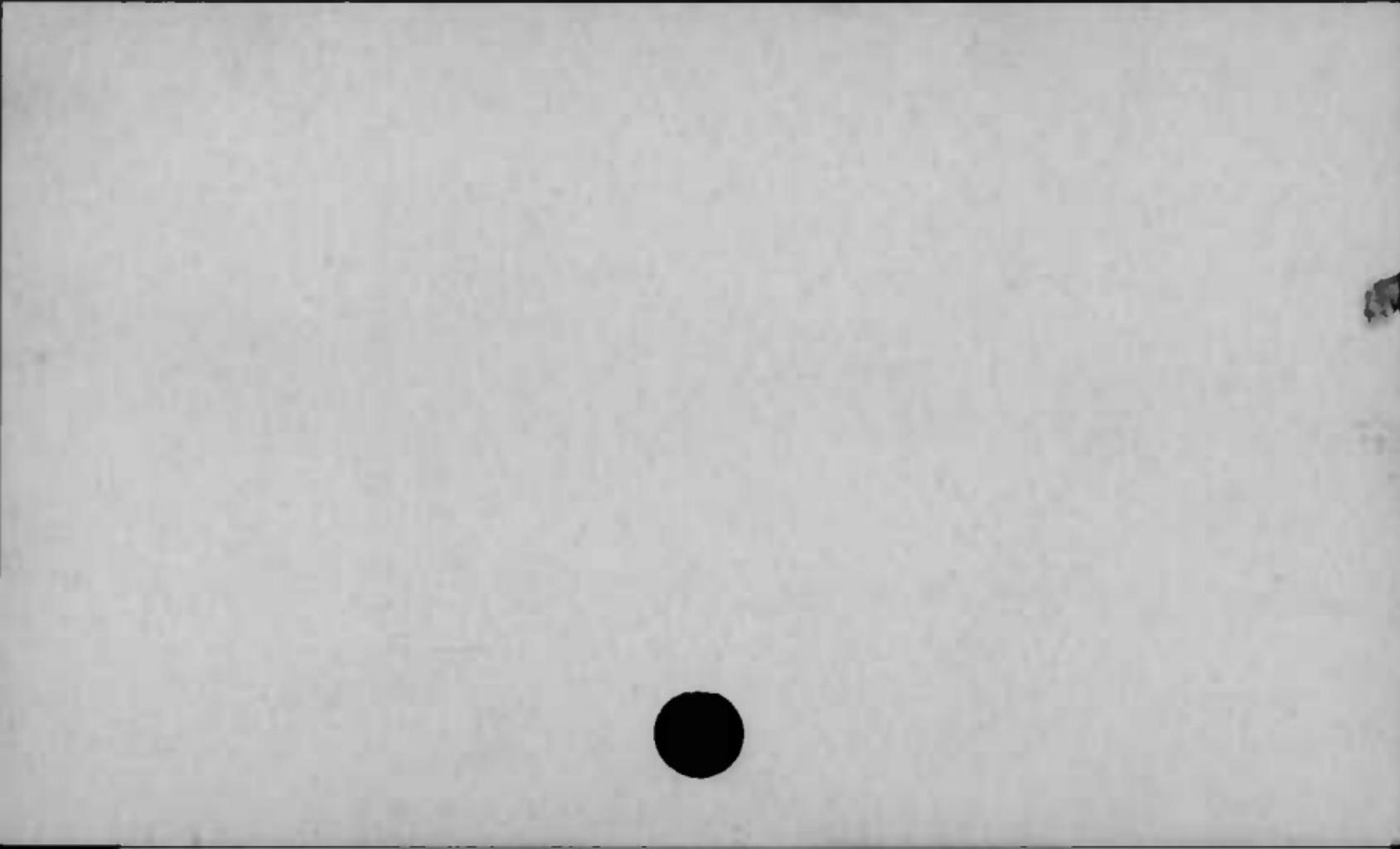
Address

Primary	Thos. Rogan (deceased)	Mother's Name	Margaret Rogan
	Typhoid fever	How long sick	4 weeks
Immediate	collapse, following perforation	Accident, Suicide, Homicide	

G. O. McCormick M.D.

Sparrrows Point.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Rollins

CERTIFICATE OF DEATH

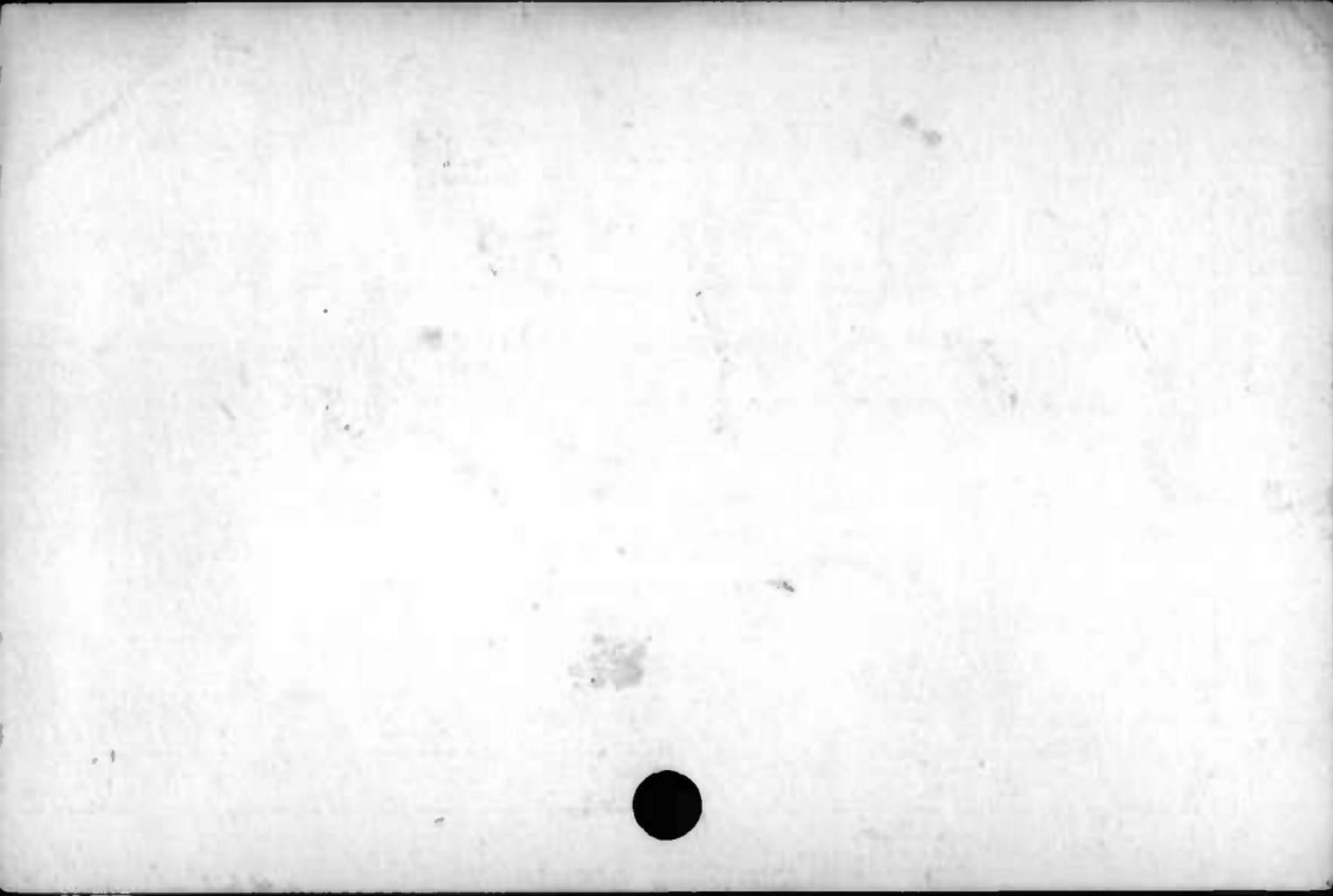
To BE ANSWERED BY
NEAREST FRIEND

Died at	Dorsey Stile		County	MARYLAND		
Date of death 1903	Month 10	Day 20	Years 43	Months —	Days —	
Sex Male	Color or Race Colored	Occupation Laborer	Birth-place Baltimore Md.			
Married, Single or Widowed Married						
Name of Wife or Husband = Mahalia Rollins						
Father's Name William Rollins			Father's Birthplace Baltimore Md.			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information Louis Savoy	93		How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Traumatic Pneumonia		How long 4 days.
Immediate	and Congestion due to fracture of Rib.		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician August W. Miller Coroner	
		Address Mr. Williams	
Accident or Suicide?		Md	



Name
in
Full

Eliza Rooney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Hope Retreat</u>		Town	<u>Baltimore</u> , County			
Date of death <u>1903 Oct 5</u>	Month	Day	Years	Age <u>54</u>	Months	Days
Sex <u>Female</u>	Color or Race	<u>White</u>		Birth-place	<u>Ireland</u>	
Occupation <u>House Maid</u>	Where Residing if not at place of death			<u>1206 Franklin St</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name				34	Father's Birthplace	<u>Ireland</u>
Mother's Maiden Name				Mother's Birthplace "		
Name of person giving information	<u>Reeds Mt Hope Retreat</u>			How related to deceased <u>Not -</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Melancholia - Gen Tuberculosis & Remittent</u>	How long	<u>abt 11 or 12 mos -</u>
Immediate	<u>Sx-</u>	How long	<u>11 or 12 mos -</u>

Are the name, age, sex, color, date and place correctly given above?

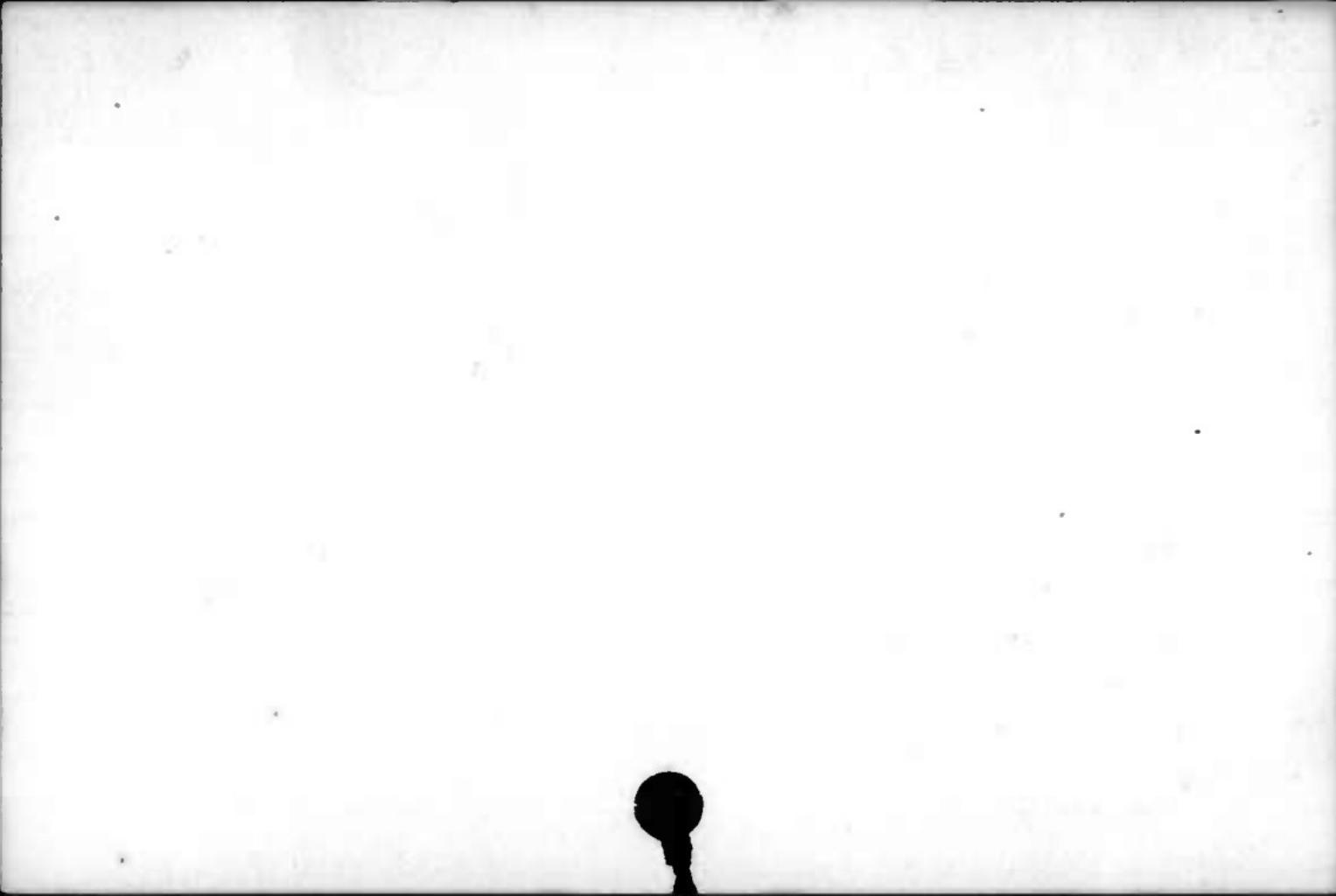
Yes

Signature of Physician

Address

Frank J Flannery
Mt Hope Retreat P
Baltimore Co Md -

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Sauer

CERTIFICATE OF DEATH

MARYLAND

Died at Mt. Hope Retreat		Baltimore Co			
Date of death 1903	Month Oct	Day 18 th	Years Age 85	Months	Days
Sex Male	Color or Race White	Birth-place			
Occupation Farmer		Where Residing if not at place of death Trecker Ballt Colnd			
<input checked="" type="checkbox"/> Single	Name of Wife or Husband				
<input type="checkbox"/> Widowed					
Father's Name			154	Father's Birthplace	Germany
Mother's Maiden Name				Mother's Birthplace	"
Name of person giving information	Reeds Mt. Hope Retreat			How related to deceased	not relate

CAUSES OF DEATH

Primary Senile Dementia

How long
Two mos

Immediate Ex. Pul. Congestion -

How long

Are the name, age, sex, color, date and place correctly given above?

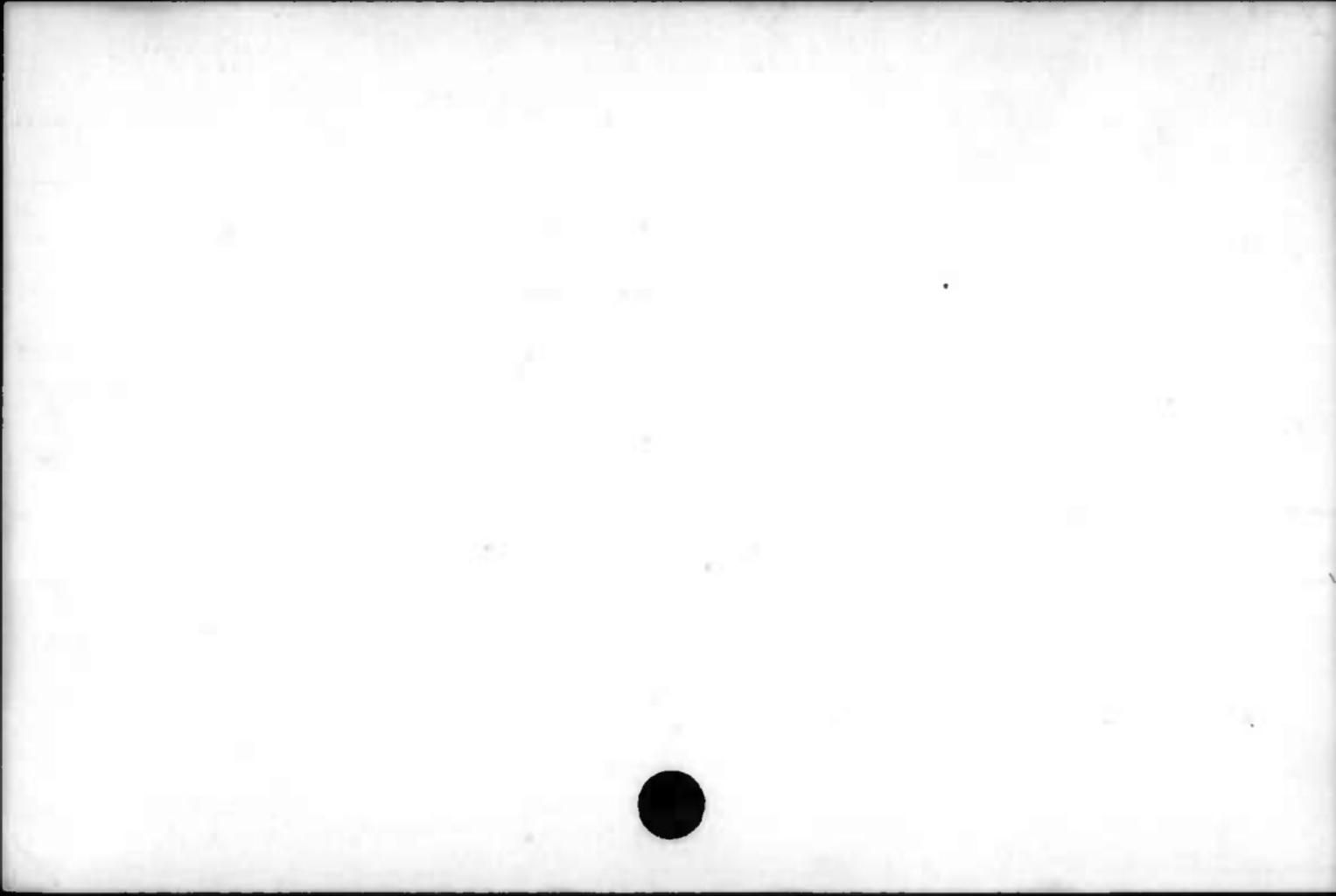
Yes

Signature of Physician

Address

Frank J. Flannery MD
Mt. Hope Retreat

Accident or Suicide?



Name
in
Full

Eugene Schenk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND			
Date of death 1903	Month Oct.	Day 8 th	Years —	Months —	Days 14	
Sex Male	Color or Race White	Occupation	Birthplace Balto Co.			
Married, Single or Widowed	—			—		
Name of Wife or Husband	—			100		
Father's Name	Peter Schenk			Father's Birthplace	Germany	
Mother's Maiden Name	Catharine Benner			Mother's Birthplace	Balto City	
Name of person giving information	Father of Child			How related to deceased	Father	

CAUSES OF DEATH

Primary

Heart attack

How long

3 days

Immediate

Conardiosis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. L. Gley,

2 - Hudson St

Accident or Suicide?

Sacred Heart Cemetery

Oct. 9th 1903

Germanus France

Undertaker

Name in Full

Certificate of Death

Mary Elizabeth Schriener

Town County

Died at

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Schriener

Mother's Maiden Name

Virginia Hillmer

Cause of Primary

How long sick

2 days

Death Immediate

Accident, Suicide, Homicide

Reported by

Boyscouts

Dr. E. J. Williams

Chesapeake Shrub

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Henry Schriever

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	70	—	—	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Hagerstown, Md.				
Father's Name	Mrs Ellen S. Schriever					
Mother's Maiden Name	Md.					
Name of person giving information	Grace Schriever					
daughter						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	Pneumonia following Operation	How long
Are the name, age, sex, color, date and place correctly given above?		
Yes	Signature of Physician Address	
Accident or Suicide?		





Name
in
Full

Mr. Benay Schwartz

Died at		Town	County	CERTIFICATE OF DEATH		
		Gowantown	Ballimore	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1903	Oct	10	78			
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Merchant		Where Residing if not at place of death			

To BE ANSWERED BY
NEAREST FRIEND

Married, Single or Widowed

Married

Name of Wife or Husband

Father's Name

93

Father's Birthplace

10/17/03

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

The Union

CAUSES OF DEATH

Primary

Pneumonia and Paralysis of the heart

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

PHYSICIAN
OR CORONER

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

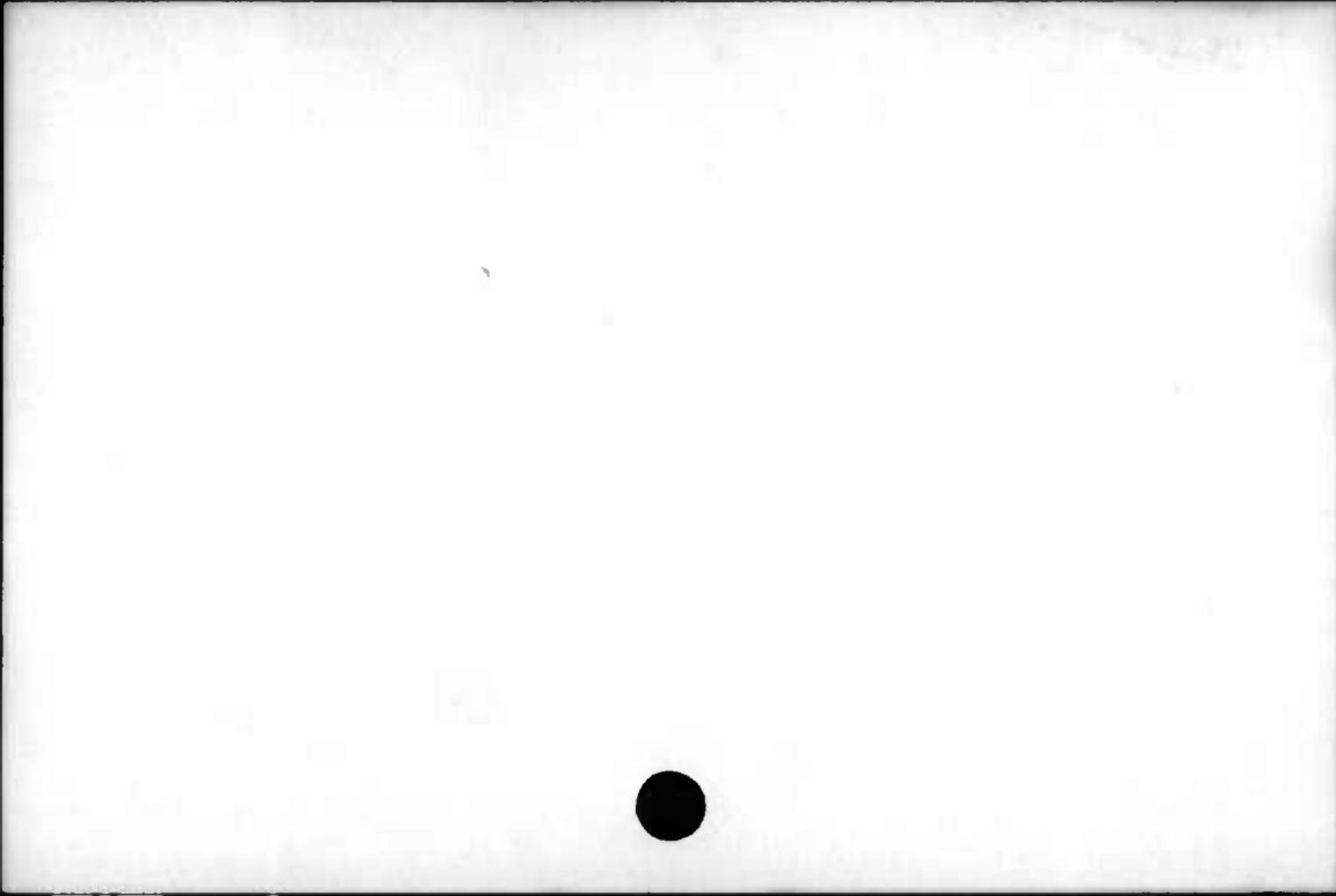
Henry Schwartz

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	77	Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Sophie Schwartz				
Father's Name	Frederick Schwartz					Father's Birthplace
Mother's Maiden Name	Frances Rothe					Mother's Birthplace
Name of person giving information	G. H. Schwartz					How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia	How long	11 days
	Immediate	Cardiac Failure	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm Caspari Jr	
		Address	1600 Dundalk Ave	
Accident or Suicide?				



Name
in
Full

Mary S. Subold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1903	Month October	Day 30	Age 80	Years	Months 1	Days 19	
Sex Female	Color or Race White		Occupation Record		Birth-place Baltimore city		
Married, Single or Widowed Widower							
Name of Wife Husband Jacob C. H. Subold							
Father's Name					Father's Birthplace		
Mother's Maiden Name Mary A. Stein					Mother's Birthplace Baltimore city		
Name of person giving information George W. Subold					How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Smile decay

How long

15 days

Immediate

Heart Failure

How long

10 minutes

Are the name, age, sex, color, date and place correctly given above?

yes

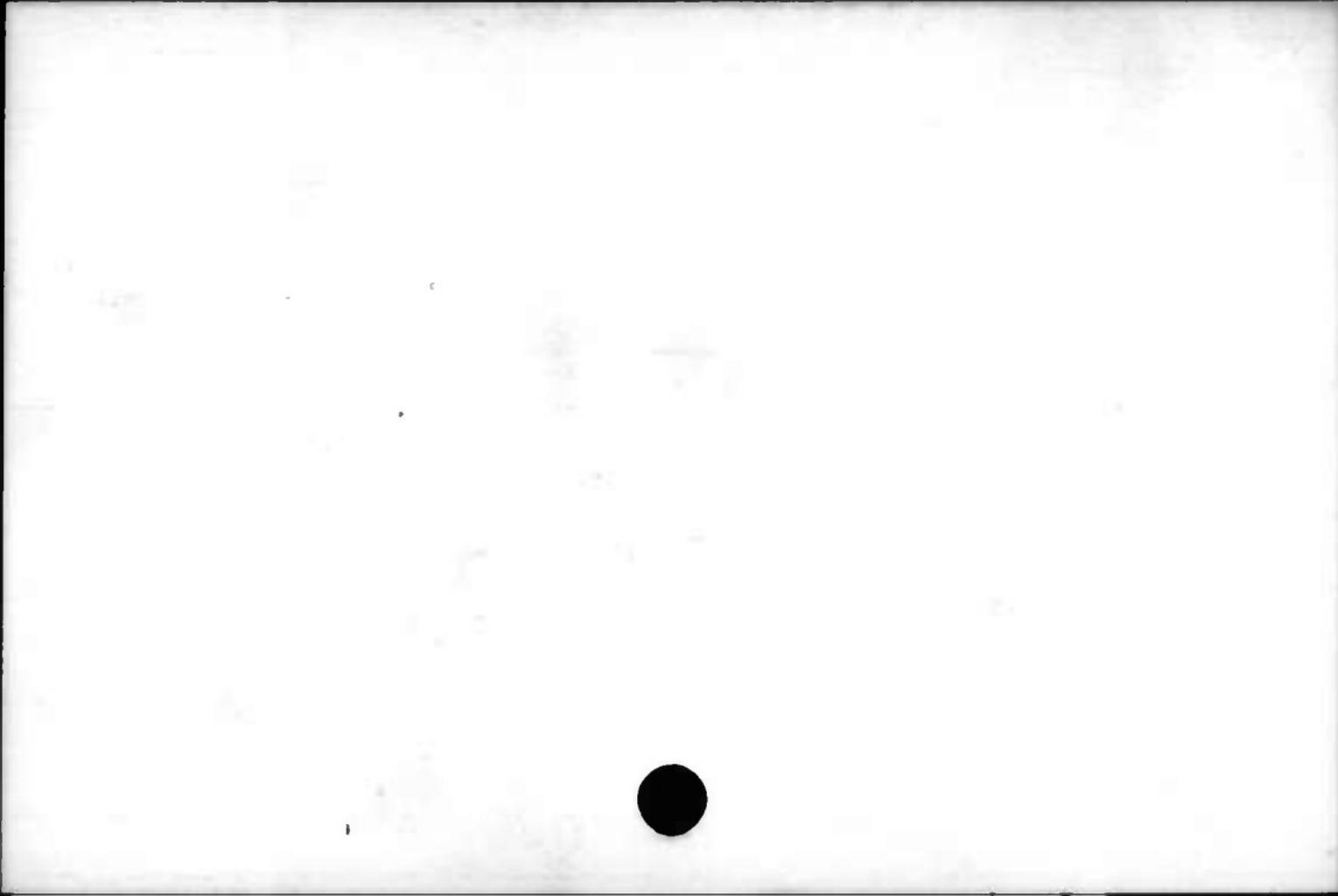
Signature of Physician

Address

Geo L. Case M.D.
Gardenville Md

Accident or Suicide?

No

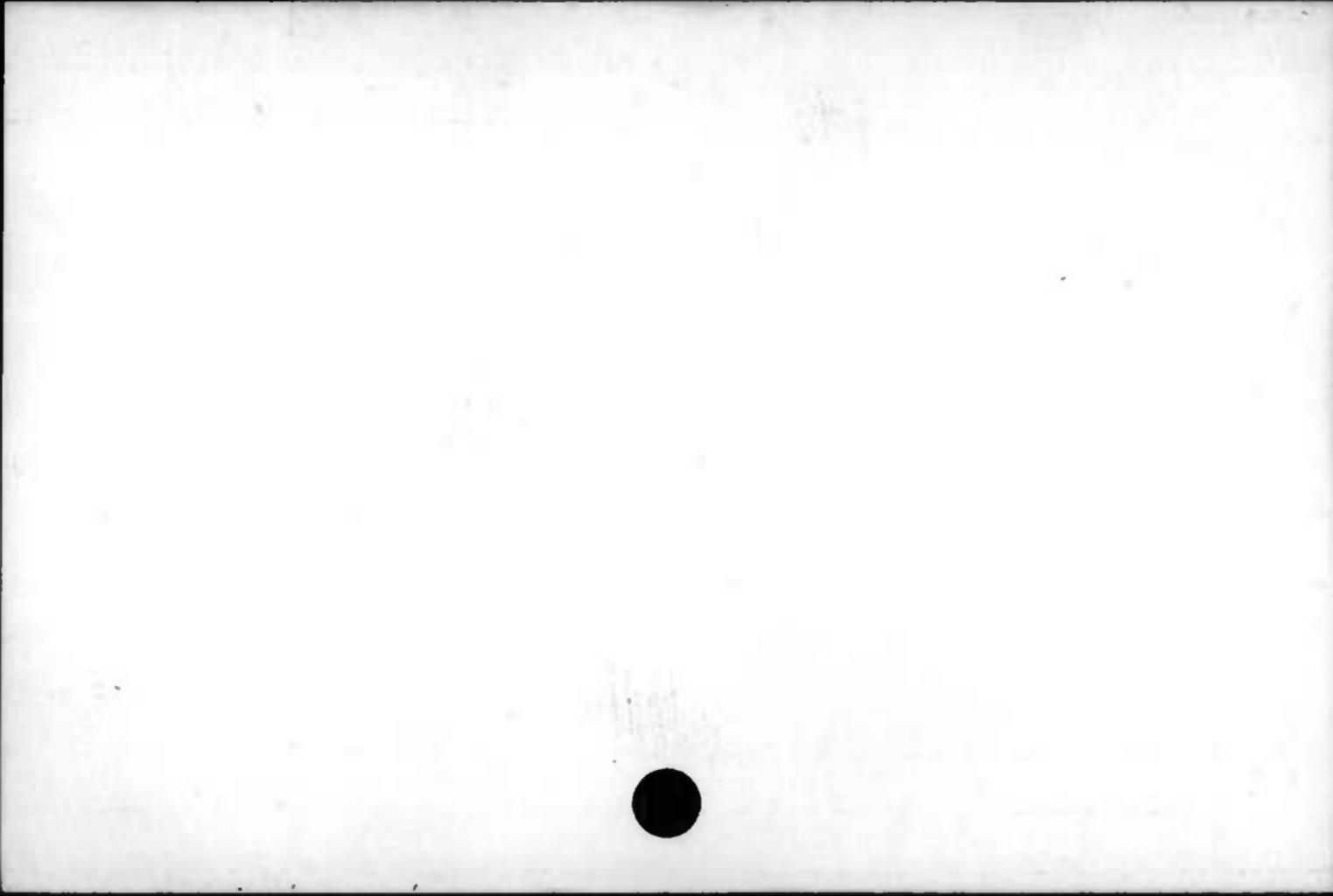


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edward E. Simons				CERTIFICATE OF DEATH		
Died at Rockland		Town	County Baltimore		MARYLAND	
Date of death 1903	Month Oct	Day 27	Age 82	Years	Months	Days
Sex male	Color or Race white	Occupation Shoe maker		Birth-place Virginia		
Married, Single or Widowed widower	Desecant		Father's Name	Father's Birthplace		
Name of Wife or Husband			Mother's Maiden Name	Mother's Birthplace		
Father's Name			Name of person giving information	79	How related to deceased Son-in-Law	
J. C. Reynolds						
CAUSES OF DEATH						
Primary	Mabel Regan - Arthur Stevens			How long		
Immediate	Bronch Pneumonia			How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
Yes				Address		
Accident or Suicide?				A. Burdick Stevens Ridley		



Name
in
Full

William H. Smith

CERTIFICATE OF DEATH

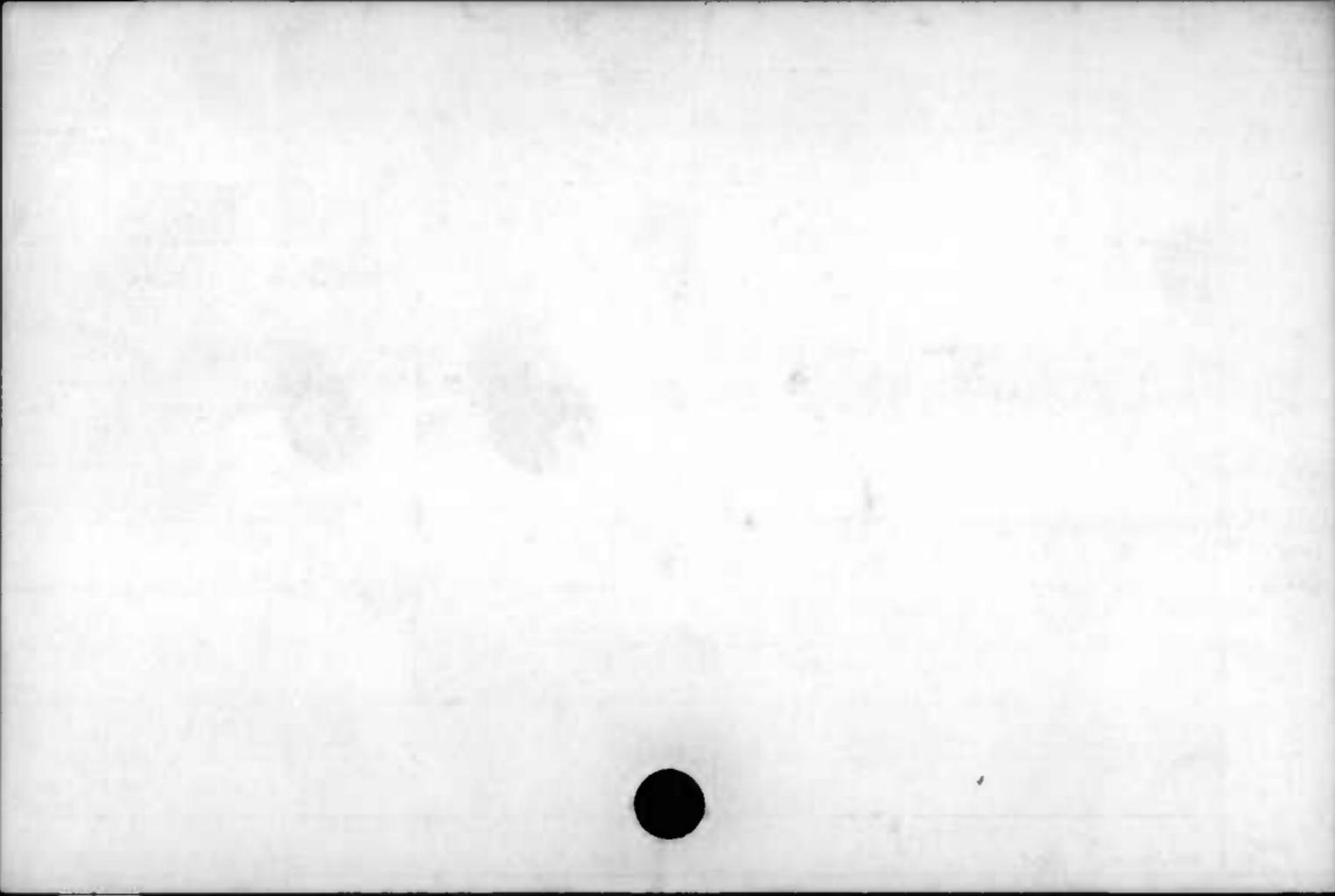
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Oct	Day 25	Age 45	Years	Months 11	Days
Sex Male	Color or Race White	Birth-place Washington D.C.				
Married, Single or Widowed Married	Occupation Sales man					
Name of Wife or Husband Clara Shelley	Father's Name Christian Smith	Father's Birthplace Germany				
Mother's Maiden Name Elizabeth C. Wenberg	Mother's Birthplace	"				
Name of person giving Information C. Smith	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	2 weeks
Immediate	Failure of heart	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. H. Duncan
		Address	Gorans town
Accident or Suicide?			



Name
in
Full

John E. Dorrell

CERTIFICATE OF DEATH

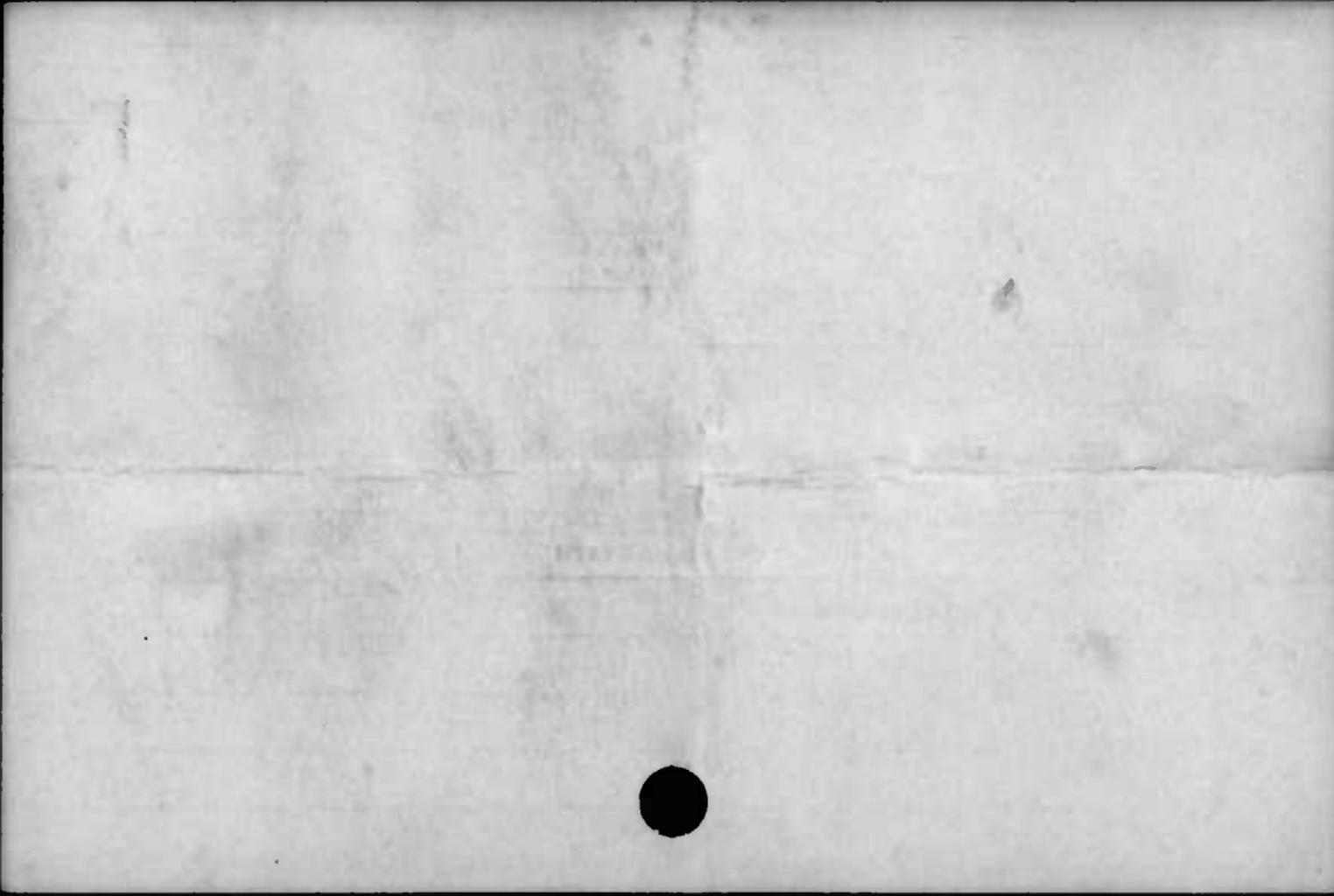
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Mount. Winne	Baltimore	
Date of death	Month	Year	Months Days
1903	Oct	12	
Age	38		
Sex	Male	Color or Race	Birth-place
Laborer	colored	Baltimore City	
Occupation	Where Residing if not at place of death		
	Mount. Winne		
Married, Single or Widowed	Name or Wife or Husband		
Father's Name	William Dorrell 93		
Mother's Maiden Name	Mary Danner 1893		
Name of person giving information	Yes - Dorrell		
	Father's Birthplace	Da,	
	Mother's Birthplace	Maryland	
	How related to deceased	Bronx	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia &	How long	2 weeks
Immediate	Heart Failure	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	O. H. Foster
		Address	712 S. Sharp St
Accident or Suicide?			



Name
in
Full

Sarah Toup

CERTIFICATE OF DEATH

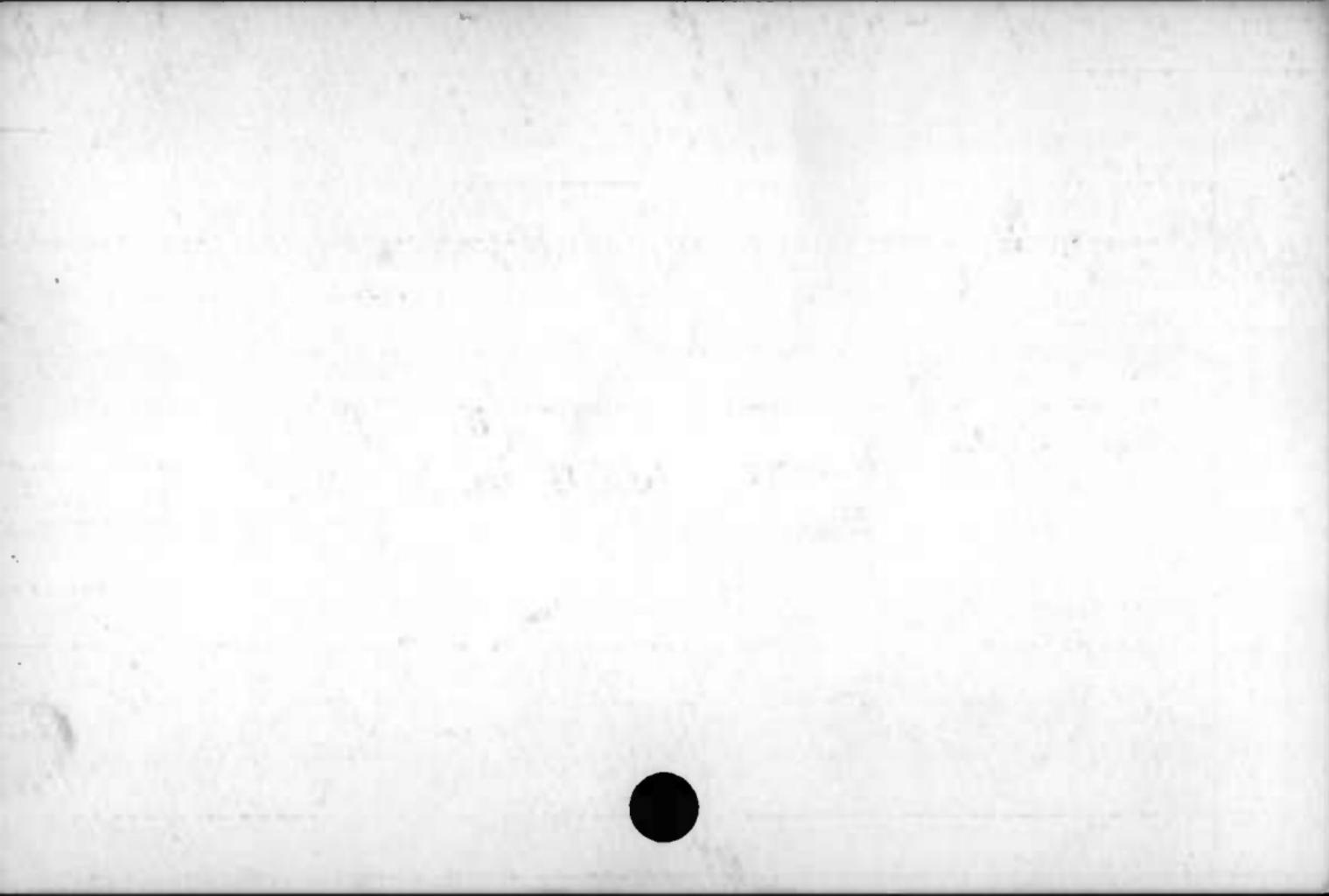
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Catoctinville	Baltimore		Months	Days	
Date	Month	Day	Years			
	Och	2	Age 59 yrs			
Sex	Female	Color or Race	White	Birth-place	W Virginia	
Married, Single or Widowed	Married	Occupation		Unknown		
Name of Wife or Husband	Unknown					
Father's Name	Unknown	68		Father's Birthplace		
Mother's Maiden Name	Unknown			Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Melancholia	How long	Eight months
Immediate	Epilepsy +	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. J. & F. Gaudry
		Address	Catoctinville, Md.
Accident or Suicide?			



Name
in
Full

Emma E. Wilkerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	34	21
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	John Wilkerson		
Father's Name	Jacob Mayer			
Mother's Maiden Name	Mary Mayer			
Name of person giving information	Emma S. Hoffmann			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 yrs
Immediate	Same	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Y. P. Reid
		Address	Franklin
Accident or Suicide?		No	



Name
in
Full

Gabriel Vogl

CERTIFICATE OF DEATH

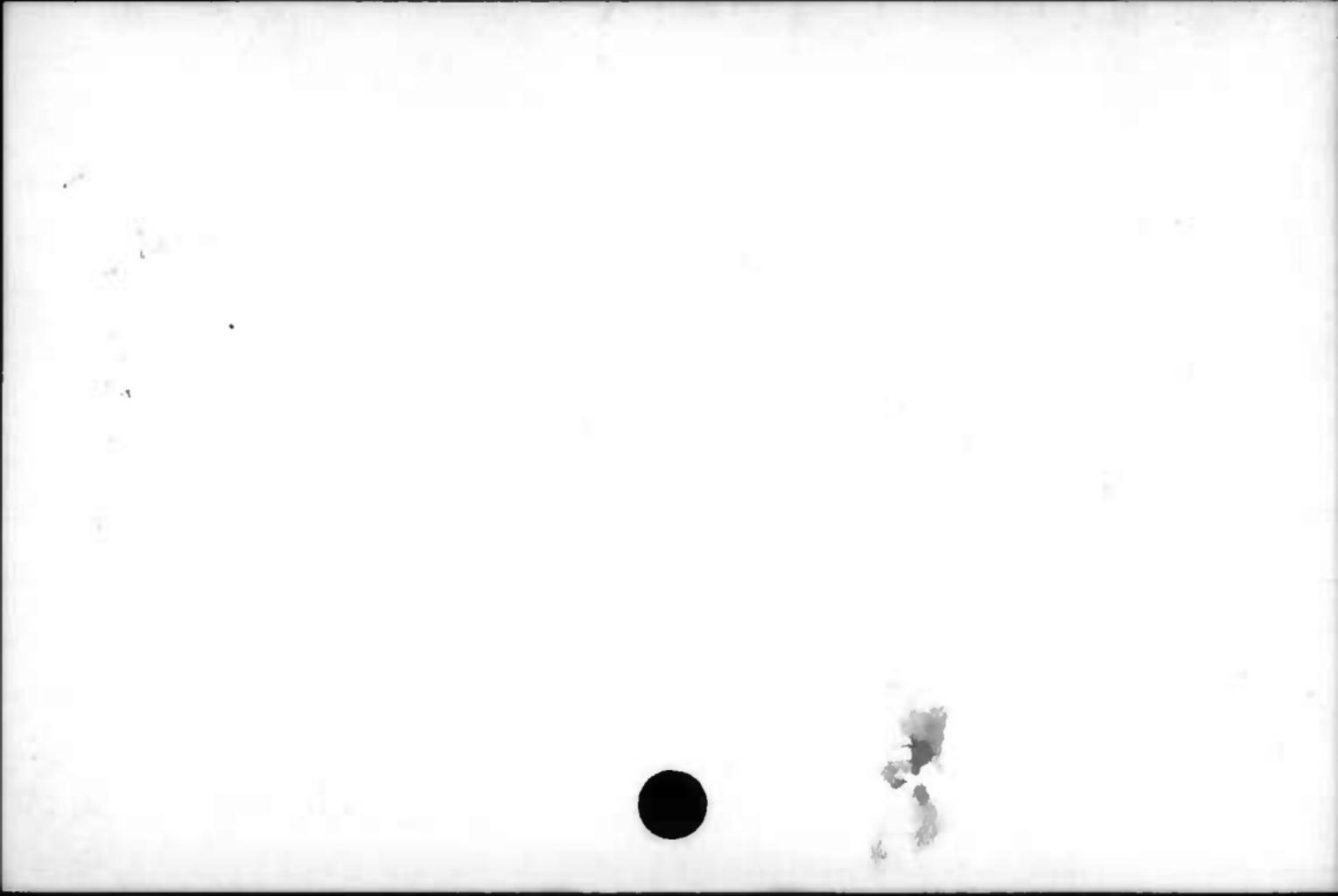
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1903	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	27	Father's Birthplace	Germany		
Mother's Maiden Name		Mother's Birthplace	"		
Name of person giving information	Records of Mt. Hope Retreat				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mania Delusional	How long	3 or 4 yrs.
Immediate	Cardiac Collapse (Sycophant Tuberculosis)	How long	over 14 mos.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank J. Flannery
		Address	Mt. Hope Retreat Baltimore Co. Md.
Accident or Suicide?			



Name
in
Full

Catherine Walters

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

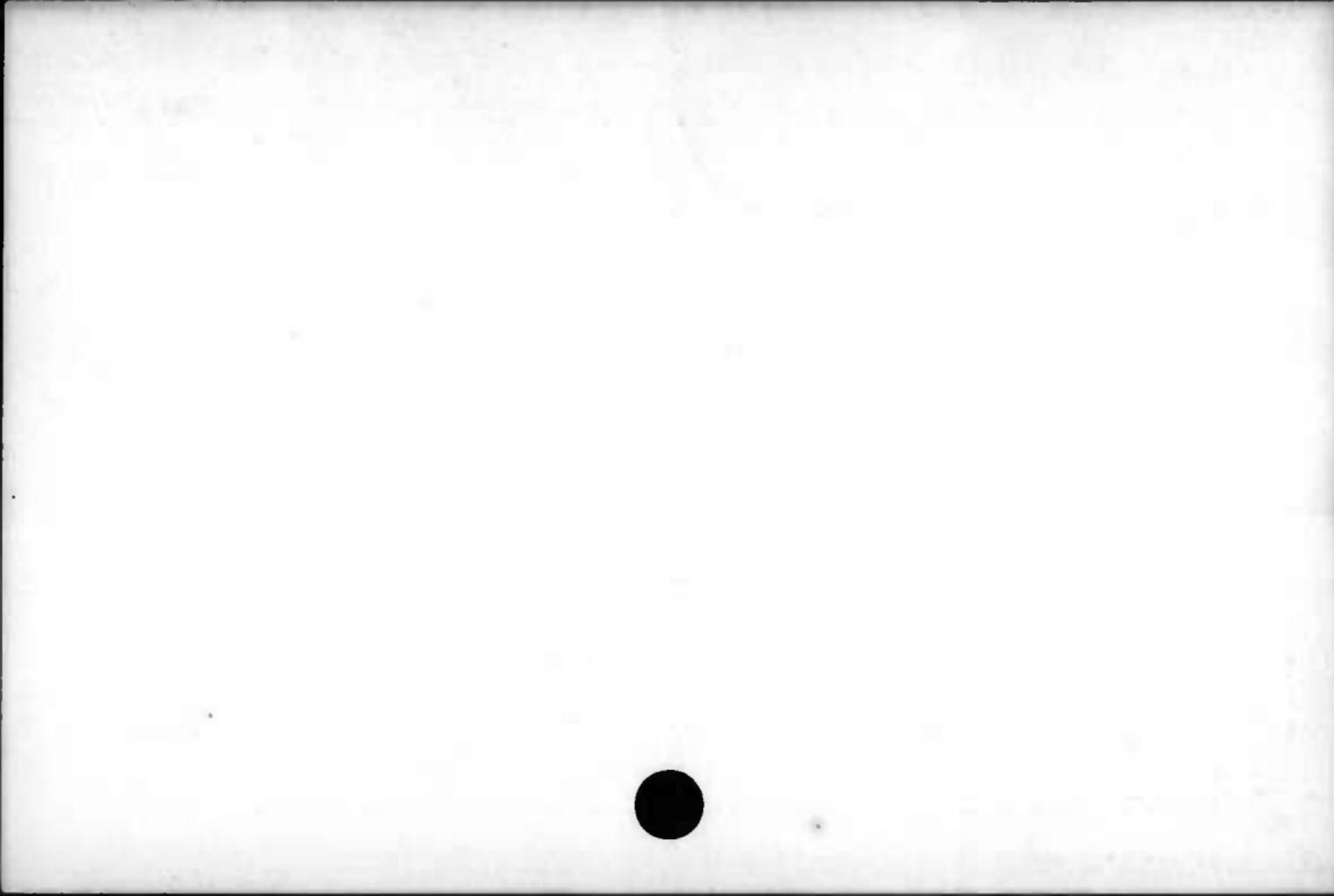
Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Married, Single or Widowed	Occupation	House wife	
Name of Wife or Husband	Deseased		
Father's Name	Jairimah Cook Jr		
Mother's Maiden Name			
Name of person giving Information	James Agle Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	3 yrs
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		

Accident or Suicide?



John S. Weaver

Town			County			MARYLAND	
Died at	Shamburg		Baltimore				
Date +89	Month	Day	Y.	M.	D.	Native of	
1903	Octb	9	77	8		Md	Occupation
Male	White	Age	Married	Widow	Divorced	Laborer	
Female	Colored		Single	Widower			Number of children living
Husband of	Marian Weaver (Deceased)						
Wife							
Father's Name	Geo. Weaver		Mothers Name		Betsey Weaver		
Cause of Death	Primary		Old Age		How long sick		
	Immediate		Paralysis, or Gangrene Arm		3 weeks		
Reported by	B & Price		M.D.		Accident, Suicide, Homicide		
Address	Mt Carmel		[Redacted]		Md		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Robert Webster

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Philadelpoia	Baltimore			
Date of death	Month	Day	Years	Months	Days
1903	10	5	68		
Sex	Male	Color or Race	Coloured	Birth-place	Ind
Occupation	Labour	Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name or Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Daughter			How related to deceased	79

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Endocarditis	How long	8 months
Immediate	Coma	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Wilmer C. Ensor M.D.
		Address	Cockeyville Ind.
Accident or Suicide?			

Pulmano Stevenson
Chaprie Rev 6.

M. C. Brooks

Name
in
Full

Charles Waller

CERTIFICATE OF DEATH

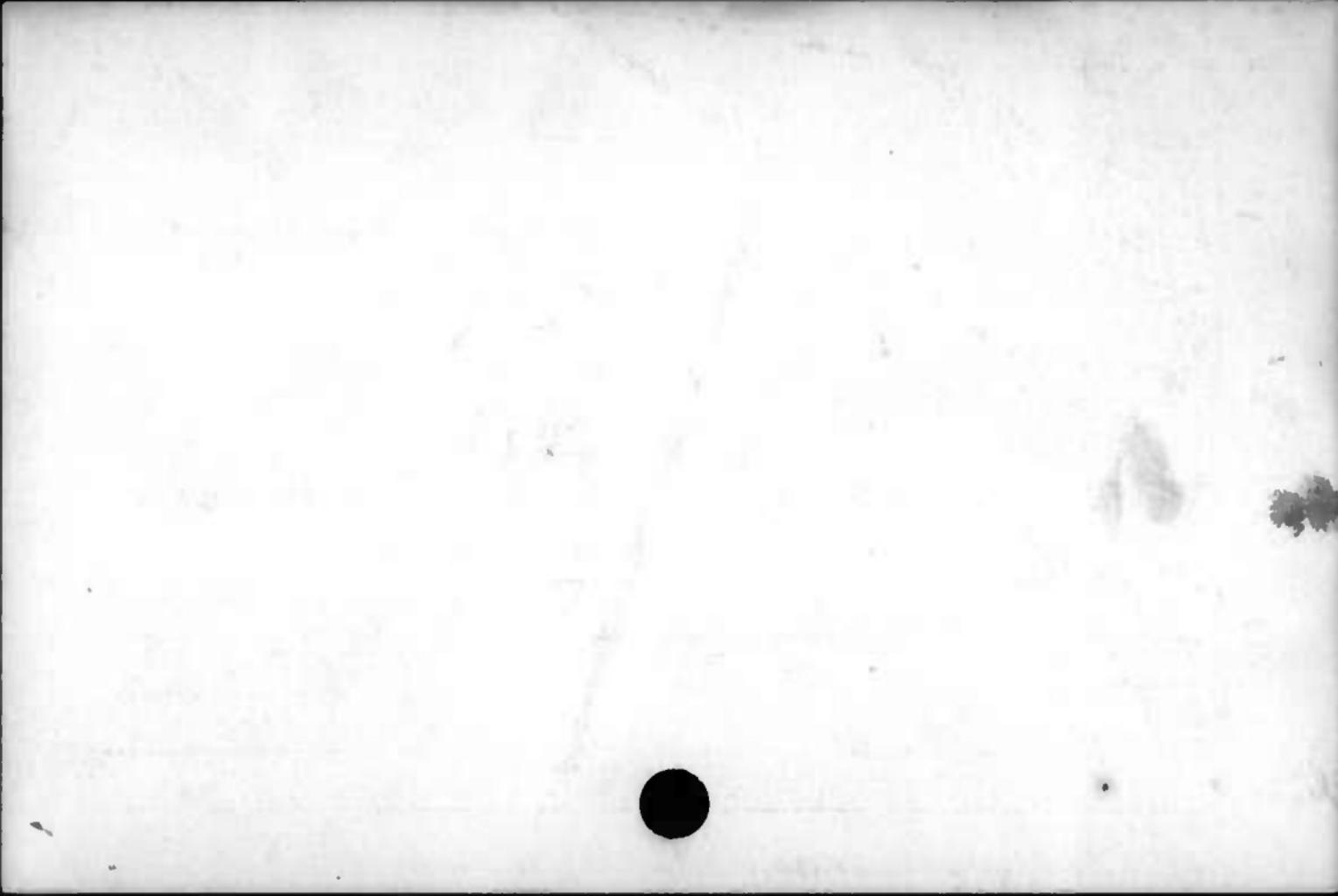
To BE ANSWERED BY
NEAREST FRIEND

Died at	Westport	Town	Baltimore	County	MARYLAND		
Date of death 1903	10	Month	14	Day	Years	Months	Days
Sex	Male	Color or Race	white	Age	43		
Married, Single or Widowed	Single	Occupation	Cooper	Birth-place	Baltimore		
Name of Wife or Husband				Father's Birthplace	Germany		
Father's Name	Louis Shelley	10		Mother's Birthplace	Germany		
Mother's Maiden Name	Martha Shelley	10		How related to deceased	None		
Name of person giving information	Charles Nicholson						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Knife wound.	How long	Immediate
Immediate	Cut in Throat	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	August. W. Miller, coroner
		Address	Mr. Winans Baltimore Md.
Accident or Suicide?			



Name
in
Full

John Lee Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND							
Died at	Butler	Baltimore									
Date of death	1903	Month	10	Day	10	Years	47	Months	1	Days	10
Sex	Male	Color or Race	White	Occupation	Philopolis Md.						
Married, Single or Widowed	Married			Laborer							
Name of Wife or Husband	Ida Bell Wheeler										
Father's Name	Antimus Wheeler				Father's Birthplace	Belfast R.C.M.					
Mother's Maiden Name	Elizabeth Bond		80		Mother's Birthplace	Weston R.M.					
Name of person giving information	Ida B Wheeler				How related to deceased	Wife					

CAUSES OF DEATH

Primary	Rheumatism	How long	Two weeks
Immediate	Angina Pectoris	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Job Orach M.D.
		Address	Butler Md.
Accident or Suicide?			

Please fill out permit
for Bosley Cemetery

Oct 12th

Obj:

M. C. Brooks

Name in Full

Certificate of Death

Joshua Winder 72

Died at Town County
 Song Green Baltimore MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
03	Oct.	12	—	1	8	Md	
Male	White		Age	—	8	Widow	Divorced
Female	Colored		Married			Single	Number of children living

Husband of _____

Wife

Father's Name Joshua Winder

Mother's Maiden Name Sophie Taylor

Cause of Primary Pneumonia

How long sick
one week

Death Immediate

Accident, Suicide, Homicide

Reported by

Dr. Steven M.D.
Hancock Hospital Md-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas E. Woodward

CERTIFICATE OF DEATH				
Died at	Town	County	MARYLAND	
Date of death 1903	Month Oct	Day 14	Years 43	Months Days
Sex Male	Color or Race White	Birth-place Balto City		
Married, Single or Widowed Married	Occupation Carpenter.			
Name of Wife or <u>Wife</u> Annie Woodward				
Father's Name James Woodward	Father's Birthplace Balto City			
Mother's Maiden Name Elizabeth Nigh	Mother's Birthplace " "			
Name of person giving information Annie Woodward	How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease	How long	Several years.
Immediate	Heart Failure	How long	Sick 5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr George F. Everhart
		Address	Dickeyville Balto Co Md.
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Christianne Yop					CERTIFICATE OF DEATH		
Died at <u>near Delight</u>		Town	County <u>Baltimore</u>		MARYLAND		
Date of death 1903	Month <u>Oct</u>	Day <u>15</u>	Years Age 62	—	Months —	Days —	
Sex <u>Female</u>	Color or Race <u>white</u>	Occupation <u>House wife</u>		Birth-place <u>Germany</u>			
Married, Single or Widowed <u>Married</u>							
Name of Wife or Husband <u>Conrad Yop</u>							
Father's Name <u>Peter Wagener</u>			Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u></u>			Mother's Birthplace <u></u>				
Name of person giving Information <u>Conrad Yop</u>			How related to deceased <u>Husband</u>				
CAUSES OF DEATH							
Primary	<u>Tuberculosis + organic heart disease</u>			How long <u>4 or 5 years</u>			
Immediate	<u>Exhaustion</u>			How long <u>3 days</u>			

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>L. H. Ehr</u>
	Address <u>Registration</u>
Accident or Suicide?	

